INDIANA HEALTH COVERAGE PROGRAMS

Systems Documentation – Claims V

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Section 1: Paid Dental Claim Window

Introduction

The Paid Dental Claim window is accessed by either entering the ICN, provider number, or member number or by entering any of the optional information on the Claim Inquiry window. The Dental Details section of the window displays all the information entered in the detail lines of a Paid Dental claim. The EOB/Errors button and menu options are enabled only if codes exist. The COB button is visible and enabled only when COB information is found. The COB button accesses the Coordination of Benefits Header window. The data window scrolls vertically when more than four details exist. The Paid Dental Claim window gives the user access to the following windows:

- EOB/Errors is enabled only if EOB/Error codes exist.

- The COB database accesses Coordination of benefits information pertinent to the recipient.,and is enabled only when COB information is found.

- The member database accesses member information pertinent to the RID number on the screen.

- The provider database accesses provider information pertinent to the provider identification number on the screen.

- The TPL database accesses TPL information pertinent to the TPL amount on the screen.

Double click on any field within the Paid Dental Claim window to display the Inquire By window. From this window the user can access the Provider, Member, or TPL database.

Double click on any field within the Paid Dental Detail line to display the HCPC Procedure Maintenance window. This window contains information on the billed HCPC Procedure.

Figure 1.1 – Paid Dental Claim Window

Paid Dental Claim				
File	**Edit**	**Applications**	**Options**	**Claim**
Print	Copy	Adhoc Reporting	Inquire	Tooth Surface
Exit	Paste	Claims	EOBs/Errors	COB
Audit	Cut	Financial	CCF Xref	
Exit Indiana*AIM*		Managed Care	Location	
		MARS	Related History	
		Prior Authorization	Check	
		Provider	Adj Information	
		Recipient	Cash Disposition	
		Reference	Hlth Pgm Xref	
		Security		
		SURS		
		Third Party Liability		

Figure 1.2 – Paid Dental Claims Window Menu Tree

This is an illustration of the menu tree for the Paid Dental Claim. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Paid Dental Claim window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

 1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

 2. Press the **Alt** button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the user to exit the window, print the screen displayed, or exit Indiana*AIM*.

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM.*

Menu Selection: Edit

This menu selection allows the user to make changes to the data.

Copy – Transfers text to another area

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection allows the user to gain access to all the functional areas available in Indiana*AIM.*

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access the MARS windows

Prior Authorization – Click **Prior Authorizatio**n to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Referenc**e to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Menu Selection: Options

This menu selection allows the user to select different system functions from the menu bar.

Inquire – Allows the user to enter a different claim

EOBs/Errors – Allows the user to view the EOB and Errors pertaining to the claim header

CCF Xref – Allows the user to view the ICN of the CCF that was used to correct the claim

Location – Allows the user to see the claim location

Related History – Allows the user to view the related claims from history

Check – Allows the user to view the check information for a specific claim

Adj Information – Allows the user to access adjustment related information associated with a paid claim

Cash Disposition – Allows the user to access cash related information associated with a paid refund adjustment claim

Hlth Pgm Xref – Allows the user to view the health program associated with that particular claim

Menu Selection: Claim

This menu selection allows the user to select different system functions from the menu bar.

Tooth Surface – Allows the user to view the tooth surfaces that were billed in association to the procedure.

COB – The COB selection is enabled only when COB information is found. The COB selection accesses the Coordination of Benefits Header window.

Field information

Field Name: ICN

Description – Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Field Name: Claim Type

Description – Indicates the type of claim

Format – Dental

Features – Protected, display only

Field Name: Claim Status

Description – This field displays the status of the claim.

Format – Nine characters

Features – Protected, display only

Valid values:

Paid

Field Name: Txn Type

Description – Currently not used.

Format – One character

Features – Protected, display only

Field Name: No. of Details

Description – Indicates the number of detail service lines on the claim.

Format – Three characters

Features – Protected, display only

Field Name: RID No.

Description – A system assigned number that identifies a member.

Format – Twelve characters

Features – Protected, display only

Field Name: Recip Last Name

Description – The last name of the member associated with the RID number. If there is no association between the last name and the RID number the first three characters of the last name keyed is displayed.

Format – Fifteen characters

Features – Protected, display only

Field Name: Recip First Name

Description – The first name of the member associated with the RID number. If there is no association between the first name and the RID number the first character of the first name keyed is displayed.

Format – Fifteen characters

Features – Protected, display only

Field Name: Patient Acct No.

Description – Patient's unique identification number assigned by the provider to track the patient's financial records.

Format – Thirteen numeric charqacters

Features – Protected, display only

Field Name: From DOS

Description – Date of first service on the claim.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: To DOS

Description – Date of last service on the claim.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Provider/Location

Description – The provider identification number and location that identifies the provider of services

Format – Nine numeric characters and one alpha character

Features – Protected, display only

Field Name: Date Billed

Description – Date the claim was submitted for processing

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: TPL Amount

Description – Amount paid by third party for services.

Format – Nine numeric characters

Features – Protected, display only

Field Name: POS

Description –Location where services were rendered

Format – Two numeric characters

Features – Protected, display only

Field Name: Billed Amount

Description – Amount requested by the provider for services rendered.

Format – Nine numeric characters

Features – Protected, display only

Field Name: TPL Recov Amt

Description – The casualty case recovery amount populated from the Settlement window.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Accident

Description – Indicates if the service was provided due to an accident.

Format – One alpha character

Features –Valid values are:

> Employment
>
> Auto
>
> C - Other
>
> None
>
> Z - Other

Field Name: Net Billed Amount

Description – Amount remaining on a claim after payment has been made by all other sources, such as co-pay, and TPL.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Emergency

Description – Indicates if the service was provided due to an emergency situation.

Format – YES/NO

Features – None

Field Name: Signature

Description – Indicates if the claim was signed by the provider or representative

Format – Yes/No

Features – Protected, display only

Field Name: Paid Amount

Description – Total amount due to the provider

Format – Nine numeric characters

Features – Protected, display only

Field Name: Next ICN

Description – This field allows the user to enter the ICN of the next claim to be viewed.

Format – Thirteen characters

Features – None

Edit 91046 – New key is required!

To correct – Key in an ICN number

Edit – ICN must be numeric!

To correct – Verify entry and select Inquire or press Enter.

Edit – ICN must be 13 digits!

To correct – Verify entry and select Inquire or press Enter.

Edit – MMIS batch range is invalid!

To correct – Verify entry and select Inquire or press Enter.

Edit – AIM batch range is invalid!

To correct – Verify entry and select Inquire or press Enter.

Edit - Record not found - please try again!

To correct – Verify entry and select the Inquire or press Enter.

Field Name: Detail No.

Description – The number of the detail on the claim record.

Format – Two numeric characters

Features – Protected, display only

Field Name: Detail Stat

Description – Indicates the status of the detail.

Format – One alpha character

Features – Protected, display only

Valid values:

P - Paid

S - Suspended

D - Denied

C - CCF

Field Name: DOS

Description – Date the services were performed.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Proc Code

Description – Code used to identify a dental procedure.

Format – Five alphanumeric characters

Features – Protected, display only

Field Name: Units Billed

Description – The number of units billed by the provider.

Format – Four numeric characters

Features – Protected, display only

Field Name: Units Alwd

Description – The number of units allowed to the provider.

Format – Four numeric characters

Features – Protected, display only

Field Name: Tooth Number

Description – The tooth number the provider rendered services on. An alpha indicates temporary teeth and numeric indicates permanent teeth.

Format – Two alphanumeric characters

Features – Valid values:

>> A-T: Primary

>> 1-32: Permanent

Field Name: Billed Amount

Description – Amount of money requested for services rendered.

Format – Seven numeric characters

Features – Protected, display only

Field Name: Pricing Indicator

Description – Indicates the pricing methodology applied to the procedure performed.

Format – One numeric character

Features – Protected, display only

> Valid Values:

>> 0 - Normal Pricing

>> 1 - Max Fee Pricing

>> 5 - Manual Pricing

>> 6 - Manually Priced by Per Pend Situations - how priced

>> 7 - Has been manually priced, do not enter - how priced

>> 8 - Zero Paid - how priced

>> L - Lab Pricing

>> R - RBRVS

>> F - Flat Fee

>> T - Transportation

Field Name: Allowed Amount

Description – The lesser of the billed amount and the allowed amount on file

Format – Nine numeric characters

Features – Protected, display only

System Information

PBL - CAIM01.PBL, CLAIM02PBL

Window – W_BASE_INQUIRY_CLAIM

W_DENTAL_PAID

Menu – M_CLAIM_INQUIRY

Data window –DW_DENTAL_HDR_PAID

DW_DENTAL_DTL_PAID

System Features

Double click the window to access Provider, Recipient, or TPL databases.

Double click the detail to access the HCPC Procedure Maintenance window.

The EOBs/Errors button and the menu option are enabled only if codes exist.

Double click the COB button to access the Dental Coordination of Benefits header Window. The COB button is enabled only if COB information is found on the claim.

Detail data scrolls vertically when more than four details exist.

Detail data scrolls horizontally to display all detail information.

Section 2: Denied Dental Claim Window

Introduction

The Denied Dental Claim window is accessed by typing in the ICN, the provider ID number, or the member ID number or by typing any of the optional information in the Claim Inquiry window. The Dental Details section of the window displays all the information in the detail lines of a Denied Dental claim. The EOB/Errors button and menu options are enabled only if codes exist. The COB button is visible and enabled only when COB information is found. The COB button accesses the Coordination of Benefits Header window. The data window scrolls vertically when more than four details exist. The Denied Dental Claim window gives the user access to the following windows:

• EOB/Errors is enabled only if EOB/Error codes exist.

• The COB database accesses Coordination of benefits information pertinent to the recipient, and is enabled only when COB information is found.

• The recipient database accesses recipient information pertinent to the RID number on the screen.

• The provider database accesses provider information pertinent to the provider identification number on the screen.

• The TPL database accesses TPL information about the TPL amount on the screen.

Double click on any field within the Denied Dental Claim window to display the Inquire By window. From this window the user can access the Provider, Recipient, or TPL database.

Double click any field within the Denied Dental Detail line to display the HCPC Procedure Maintenance window with information on the billed HCPC Procedure.

Figure 2.1 – Denied Dental Claim Window

Denied Dental Claim				
File	Edit	Applications	Options	Claim
Print	Copy	Adhoc Reporting	Inquire	Tooth Surface
Exit	Paste	Claims	EOBs/Errors	COB
Audit	Cut	Financial	CCF Xref	
Exit Indiana*AIM*	Managed Care	Location		
	MARS	Related History		
	Prior Authorization	Adj Information		
	Provider	Cash Disposition		
	Recipient	RTS		
	Reference	Hlth Pgm Xref		
	Security			
	SURS			
	Third Party Liability			

Figure 2.2 – Denied Dental Claim Window Menu Tree

This is an illustration of the menu tree for the Denied Dental Claim window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Denied Dental Claim window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the user to exit the window, print the screen displayed or exit Indiana*AIM*.

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*.

Menu Selection: Edit

This menu selection allows the user to make adjustments to the data.

Copy –Transfers text to another area

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection allows access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows.

MARS – Click **MARS** to access MARS windows.

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Menu Selection: Options

This menu selection allows the user to select different system functions from the menu bar.

Inquire – Allows the user to view a different claim.

EOBs/Errors – Allows the user to view the EOB and Errors about the claim header.

CCF Xref – Allows the user to view the ICN of the CCF used to correct the claim.

Location – Allows the user to see the claim location.

Related History – Allows the user to view the related claims from history.

Adj Information – Allows the user to access adjustment related information associated with a paid claim.

Cash Disposition – Allows the user to access cash related information associated with a paid refund adjustment claim.

RTS – Allows the user to view the Return To Sender letters for the claim.

Hlth Pgm Xref – Allows the user to view the health program associated with a particular claim.

Menu Selection: Claim

This menu selection allows the user to select different system functions from the menu bar.

Tooth Surface – Allows the user to view the tooth surfaces that were billed in association to the procedure.

COB – The COB selection is enabled only when COB information is found. The COB selection accesses the Coordination of Benefits Header window.

Field information

Field Name: ICN

Description – Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Field name: Claim Type

Description – Indicates the type of claim.

Format – Dental

Features – Protected, display only

Field name: Claim Status

Description – This field displays the status of the claim.

Format – Nine alpha characters

Features – Protected, display only

Valid values:

Denied

Field name: TXN Type

Description – Not currently used.

Format – One alphanumeric character

Features – Protected, display only

Field name: No. of Details

Description – Indicates the number of detail service lines on the claim.

Format – Two numeric characters

Features – Protected, display only

Field name: RID No.

Description – A system assigned number that identifies a member.

Format – Twelve characters

Features – Protected, display only

Field name: Recip Last Name

Description – The last name of the recipient associated with the RID number. If there is no association between the last name and the RID number the first three characters of the last name keyed is displayed.

Format – Fifteen characters

Features – Protected, display only

Field name: Recip First Name

Description – The first name of the member associated with the RID number. If there is no association between the first name and the RID number the first character of the first name keyed is displayed.

Format – Fifteen characters

Features – Protected, display only

Field name: Provider/Location

Description – The provider identification number and location that indicates who provided the services.

Format – Nine numeric characters and one alpha character

Features – Protected, display only

Field Name: From DOS

Description – Date of first service on the claim.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: To DOS

Description – Date of last service on the claim.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field name: POS

Description – Location where services were rendered

Format – Two numeric characters

Features – Protected, display only

Field name: Date Billed

Description – Date the claim was submitted for processing.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field name: TPL Amount

Description – Amount paid by third party for services rendered.

Format – Nine numeric characters

Features – Protected, display only

Field name: Billed Amount

Description – Amount requested by the provider for services rendered.

Format – Nine numeric characters

Features – Protected, display only

Field name: Patient Deduct Amt

Description – Amount of out-of pocket expenses that the member is responsible for paying.

Format – Nine numeric characters

Features – Protected, display only

Field name: Net Billed Amount

Description – Amount remaining on a claim after payment has been made by all other sources, such as co-pay, and TPL.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Accident

Description – Indicates if the service was provided due to an accident.

Format – One alpha character

Features – Valid values are:

Employment

Auto

C - Other

None

Z - Other

Field name: Other Plan

Description – Indicates if another form of insurance was used.

Format – YES/NO

Features – None

Field name: Emergency

Description – Indicates if the service was due to an emergency situation.

Format – YES/NO

Features – None

Field name: Signature

Description – Indicates if the claim was signed by the provider or a representative

Format – Yes/No

Features – Protected, display only

Field name: Next ICN

Description – This field allows the user to enter the ICN of the next claim.

Format – Thirteen characters

Features – None

Edit – 91046, New key is required!

To correct – Key in an ICN number

Edit – ICN must be numeric!

To correct – Verify entry and select the Inquire or press Enter.

Edit – ICN must be 13 digits!

To correct – Verify entry and select Inquire or press Enter.

Edit – MMIS batch range is invalid!

To correct – Verify entry and select Inquire or press Enter.

Edit – AIM batch range is invalid!

To correct – Verify entry and select Inquire or press Enter.

Edit – Record not found - please try again!

To correct – Verify entry and select Inquire or press Enter.

Field name: Detail No.

Description – The number of the detail on the claim record.

Format – Two numeric characters

Features – Protected, display only

Field name: Detail Stat

Description – Indicates the status of the detail.

Format – One alpha character

Features – Protected, display only

Valid values:

P - Paid

S - Suspended

D - Denied

C - CCF

Field name: DOS

Description – Date the services were performed.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field name: Proc Code

Description – Code used to identify a Dental procedure.

Format – Five alphanumeric characters

Features – Protected, display only

Field name: Units Billed

Description – The number of units billed by the provider.

Format – Four numeric characters

Features – Protected, display only

Field name: Units Alwd

Description – The number of units allowed to the provider.

Format – Four numeric characters

Features – Protected, display only

Field name: Tooth Number

Description – The number that identifies the tooth the provider rendered services on. An alpha character indicates temporary teeth and a numeric character indicates permanent teeth.

Format – Two alphanumeric characters

Features – Valid values:

A-T: Primary

1-32: Permanent

Field name: Billed Amount

Description – Amount of money requested for payment by a provider for services rendered.

Format – Seven numeric characters

Features – Protected, display only

Field name: Pricing Indicator

Description – Indicates the pricing methodology applied to the procedure performed.

Format – One numeric character

Features – Protected, display only

Valid values are:

0 - Normal Pricing

1 - Max Fee Pricing

5 - Manual Pricing

6 - Manually Priced by Per Pend Situations -how priced

7 - Has been manually priced, do not enter - how priced

8 - Zero Paid - how priced

L - Lab Pricing

R - RBRVS

F - Flat Fee

T - Transportation

System Information

PBL – CLAIM01.PBL, CLAIM02PBL

Window – W_BASE_INQUIRY_CLAIM

       W_DENTAL_DENIED

Menu – M_CLAIM_INQUIRY

Data window – DW_DENTAL_HDR_DENIED

DW_DENTAL_DTL_DENIED

System Features

Double click the window to access to Provider, Recipient, or TPL databases.

Double click the detail to access to the HCPC Procedure Maintenance window.

The EOBs/Errors button and the menu option are enabled only if codes exist.

Double click the COB button to access the Dental Coordination of Benefits header Window. The COB button is enabled only if COB information is found on the claim.

Detail data scrolls vertically when more than four details exist.

Section 3: Suspended Dental Claim Window

Introduction

The Suspended Dental Claim window is accessed by either entering the ICN, provider number, or member number or by entering any of the optional information on the Claim Inquiry window. The Dental Details section of the window displays all the information entered in the detail lines of a Suspended Dental claim. The EOB/Errors button and menu options are enabled only if codes exist. The COB button is visible and enabled only when COB information is found. The COB button accesses the Coordination of Benefits Header window. The data window scrolls vertically when more than four details exist. The Suspended Dental Claim window gives the user access to the following windows:

• EOB/Errors is enabled only if EOB/Error codes exist.

• The COB database accesses Coordination of benefits information pertinent to the recipient, and is enabled only when COB information is found. .

• The recipient database accesses recipient information about the RID number on the screen.

• The provider database accesses provider information about the provider identification number on the screen.

• The TPL database accesses TPL information about the TPL amount on the screen.

Double click any field within the Suspended Dental Claim window to display the Inquire By window. From this window the user can access the Provider, Recipient, or TPL database.

Double click any field within the Suspended Dental Detail line to display the HCPC Procedure Maintenance window that contains information about the billed HCPC procedure.

Figure 3.1 - Suspended Dental Claim Window

Suspended Dental Claim				
File	Edit	Applications	Options	Claim
Print	Copy	Adhoc Reporting	Inquire	Tooth Surface
Exit	Paste	Claims	EOBs/Errors	COB
Audit	Cut	Financial	CCF Xref	
Exit Indiana*AIM*	Managed Care	Location		
		MARS	Related History	
		Prior Authorization	Adj Information	
		Provider	Cash Disposition	
		Recipient		
		Reference		
		Security		
		SURS		
		Third Party Liability		

Figure 3.1 – Suspended Dental Claim Window Menu Tree

This is an illustration of the menu tree for the Suspended Dental Claim window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Suspended Dental Claim window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the user to exit the window, print the screen displayed or exit *IndianaAIM*

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*.

Menu Selection: Edit

This menu selection allows the user to make adjustments to the data.

Copy – Transfers text to another area.

Paste – Inserts text cut or copied from another area.

Cut – Removes text and places it on the clipboard.

Menu Selection: Applications

This menu selection allows access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows.

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Menu Selection: Options

This menu selection allows the user to select different system functions from the menu bar.

Inquire – Allows the user to view a different claim.

EOBs/Errors – Allows the user to view the EOB and Errors pertaining to the claim header.

CCF Xref – Allows the user to view the ICN of the CCF that was used to correct the claim.

Location – Allows the user to see the claim location.

Related History – Allows the user to view any related history for the claim.

Adj Information – Allows the user to access adjustment related information associated with a paid claim.

Cash Disposition – Allows the user to access cash related information associated with a paid refund adjustment claim.

Hlth Pgm Xref – Allows the user to view the health program associated with that particular claim.

Menu Selection: Claim

This menu selection allows the user to select different system functions from the menu bar.

Tooth Surface – Allows the user to view the tooth surfaces that were billed in association to the procedure.

COB - The COB selection is enabled only when COB information is found. The COB selection accesses the Coordination of Benefits Header window.

Field information

Field name: ICN

Description – Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Field name: Claim Type

Description – Indicates the type of claim.

Format – Dental

Features – Protected, display only

Field name: Claim Status

Description – This field displays the status of the claim.

Format – Nine alpha characters

Features – Protected, display only

Valid values:

> Suspended

Field name: Txn Type

Description – Not currently used

Format – One alphanumeric character

Features – Protected, display only

Field name: No. of Details

Description – Indicates the number of detail service lines on the claim.

Format – Two numeric characters

Features – Protected, display only

Field name: RID No.

Description – A system assigned number that identifies a member.

Format – Twelve characters

Features – Protected, display only

Field name: Recip Last Name

Description – The last name of the member associated with the RID number. If there is no association between the last name and the RID number the first three characters of the last name keyed is displayed.

Format – Fifteen characters

Features – Protected, display only

Field name: Recip First Name

Description – The first name of the member associated with the RID number. If there is no association between the first name and the RID number the first character of the first name keyed is displayed.

Format – Fifteen characters

Features – Protected, display only

Field name: Provider/Location

Description – The identification number and location code that identifies the provider of services

Format – Nine numeric characters and one alpha character

Features – Protected, display only

Field name: From DOS

Description – Date of first service on the claim

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field name: To DOS

Description – Date of last service on the claim.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field name: POS

Description – Location where service was rendered

Format – Two numeric characters

Features – Protected, display only

Field name: Date Billed

Description – Date the claim was submitted for processing.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field name: TPL Amount

Description – Amount paid by third party for services.

Format – Nine numeric characters

Features – Protected, display only

Field name: Billed Amount

Description – Amount requested by the provider for services rendered.

Format – Nine numeric characters

Features – Protected, display only

Field name: Patient Deduct Amt

Description – Amount of out-of-pocket expenses that the member is responsible for paying

Format – Nine numeric characters

Features – Protected, display only

Field name: Net Billed Amount

Description – Amount remaining on a claim after payment has been made by all other sources, such as co-pay and TPL.

Format – Nine numeric characters

Features – Protected, display only

Field name: Accident

Description – Indicates if the service was provided due to an accident.

Format – One alpha character

Features – Valid values are:

> Employment
>
> Auto
>
> C - Other
>
> None
>
> Z - Other

Field name: Other Plan

Description – Indicates if another form of insurance was used.

Format – YES/NO

Features – None

Field name: Emergency

Description – Indicates if service was provided due to an emergency situation.

Format – Yes/No

Features – None

Field name: Signature

Description – Indicates if the claim was signed by the provider or representative

Format – Yes/No

Features – Protected, display only

Field name: Next ICN

Description – This field allows the user to enter the ICN of the next claim to view.

Format – Thirteen characters

Features – None

Edit – 91046, New key is required!

To correct – Key in an ICN number

Edit – ICN must be numeric!

To correct – Verify entry and select Inquire or press Enter.

Edit – ICN must be 13 digits!

To correct – Verify entry and select Inquire or press Enter.

Edit – MMIS batch range is invalid!

To correct – Verify entry and select Inquire or press Enter.

Edit – AIM batch range is invalid!

To correct – Verify entry and select Inquire or press Enter.

Edit – Record not found - please try again!

To correct – Verify entry and select Inquire or press Enter.

Field name: Detail No.

Description – The number of the detail on the claim record.

Format – Two numeric characters

Features – Protected, display only

Field name: Detail Stat

Description – Indicates the status of the detail.

Format – One alpha character

Features – Protected, display only

Valid values:

P - Paid

S - Suspended

D - Denied

C - CCF

Field name: DOS

Description – Date the services were performed.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field name: Proc Code

Description – Code used to identify a dental procedure.

Format – Five alphanumeric characters

Features – Protected, display only

Field name: Units Billed

Description – The number of units billed by the provider.

Format – Four numeric characters

Features – Protected, display only

Field name: Units Alwd

Description – The number of units allowed to the provider.

Format – Four numeric characters

Features – Protected, display only

Field name: Tooth Number

Description – The number that identifies the tooth the provider rendered services on. An alpha character indicates temporary teeth and a numeric character indicates permanent teeth.

Format – Two alphanumeric characters

Features – Valid values:

A-T: Primary

1-32: Permanent

Field name: Billed Amount

Description – Amount of money requested by a provider for services rendered

Format – Seven numeric characters

Features – Protected, display only

Field name: Allowed Amount

Description – The lesser of the billed amount and the allowed amount on file

Format – Nine numeric characters

Features – Protected, display only

Field name: Pricing Indicator

Description – Indicates the pricing methodology applied to the procedure performed.

Format – One numeric character

Features – Protected, display only

Valid values:

0 - Normal Pricing

1 - Max Fee Pricing

5 - Manual Pricing

6 - Manually Priced by Per Pend Situations - how priced

7 - Has been manually priced, do not enter how priced

8 - Zero Paid - how priced

L - Lab Pricing

R - RBRVS

F - Flat Fee

T - Transportation

System Information

PBL – CLAIM01.PBL, CLAIM02PBL

Window – W_BASE_INQUIRY_CLAIM

W_DENTAL_SUSPENDED

Menu – M_CLAIM_INQUIRY

Data window – DW_DENTAL_HDR_SUSPENDED

DW_DENTAL_DTL_SUSPENDED

System Features

Double click the window to access the Provider, Recipient, or TPL databases.

Double click the detail to access the HCPC Procedure Maintenance window.

The EOBs/Errors button and menu options are enabled only if codes exist.

Double click the COB button to access the Dental Coordination of Benefits header Window. The COB button is enabled only if COB information is found on the claim.

Detail data scrolls vertically when more than four details exist.

Section 4: Dental Tooth Surface Codes Window

Introduction

The Dental Tooth Surface Codes window is opened from the details window under the claim heading. This window allows the user to view the specific tooth surface codes on the claim.

Figure 4.1 – Dental Tooth Surface Codes Window

Dental Tooth Surface Codes	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit Indiana*AIM*	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 4.2 – Dental Tooth Surface Codes Window Menu Tree

This is an illustration of the menu tree for the Dental Tooth Surface Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Dental Tooth Surface Codes window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the user to exit the window, print the screen displayed, or exit Indiana*AIM*.

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

Exit IndianaAIM – Allows the user to exit Indiana*AIM*.

Menu Selection: Applications

This menu allows access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description – Internal control number used to identify a claim.

Format – Thirteen characters

Features – Protected, display only

Field Name: Detail No

Description – The number of the detail, from 01 to 18, for a specific claim

Format – Two numeric characters

Features – Protected, display only

Field Name: Tooth Surface

Description – The surface the provider performed services on.

Format – Five alphabetic characters

Features – Protected, display only

Valid values are:

B - Buccal

D - Distal

L - Lingual

M - Mesial

O - Occlusal

System Information

PBL – CLAIM01.PBL

Window – W_DENTAL_TOOTH SURFACE

Menu – M_CLAIM_GENERIC_MAINT

Data Window – DW_DENTAL_TOOTH SURFACE

System Features

Click **Exit** to exit the Dental Tooth Surface Codes window.

Section 5: Paid UB-92 Claim Window

Introduction

The Paid UB-92 Claim window is accessed by either entering the ICN, provider number, or member number or by entering any of the optional information on the Claim Inquiry window. The UB-92 Details section of the window displays all the information entered in the detail lines of a Paid UB-92 Claim. The EOB/Errors button and menu options are enabled only if codes exist. The COB button is visible and enabled only when COB information is found. The COB button accesses the UB-92 Coordination of Benefits Header window. The data window scrolls vertically when more than four details exist. The Paid UB-92 Claim window gives the user access to the following windows:

- EOB/Errors is enabled only if EOB/Error codes exist.

- The COB database accesses Coordination of benefits information pertinent to the recipient, and is enabled only when COB information is found and is enabled only when COB information is available on the claim(s).

- The recipient database accesses recipient information pertinent to the RID number on the screen.

- The provider database accesses provider information pertinent to the provider identification number on the screen.

- The TPL database accesses TPL information pertinent to the TPL amount on the screen.

Double click on any field within the Paid UB-92 Claim window to display the Inquire By window. From this window the user can access the Provider, Recipient, or TPL database.

Double click any field on the detail line of the Paid UB-92 Claim window to display the Inquire By window. From this window the user can access the Reference database for either the revenue code or procedure code billed on the claim.

Figure 5.1 – Paid UB-92 Claim Window

Paid UB-92 Claim				
File	Edit	Applications	Options	Claim
Print	Copy	Adhoc Reporting	Inquire	Condition
Exit	Paste	Claims	EOBs/Errors	Diagnosis
Audit	Cut	Financial	CCF Xref	ICD-9-CM
Exit Indiana*AIM*		Managed Care	Location	Inpatient
		MARS	Related History	Occurrence
		Prior Authorization	Check	Payer
		Provider	Adj Information	Value
		Recipient	Cash Disposition	COB
		Reference		
		Security		
		SURS		
		Third Party Liability		

Figure 5.2 – Paid UB-92 Claim Window Menu Tree

This is an illustration of the menu tree for the Paid UB-92 Claim window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Paid UB-92 Claim window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the user to exit the window, print the screen displayed, or exit Indiana*AIM*.

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*.

Menu Selection: **Edit**

This menu selection allows the user to make adjustments to the entered data.

Copy –Transfers text to another area.

Past – Inserts text cut or copied from another area.

Cut – Removes text and places it on the clipboard.

Menu Selection: **Applications**

This menu selection allows the user access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reportin**g to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Menu Selection: Options

This menu selection allows the user to select different system functions from the menu bar.

Inquire – Allows the user to view a different claim.

EOBs/Errors – Allows the user to view the EOB and errors about the claim header.

CCF Xref – Allows the user to view the ICN of the CCF used to correct the claim.

Location – Allows the user to see the claim location.

Related History – Allows the user to view the related claims from history.

Check – Allows the user to view the check related to the claim.

Adj Information – Allows the user to access adjustment related information associated with a paid claim.

Cash Disposition – Allows the user to access cash related information associated with a paid refund adjustment claim.

Hlth Pgm Xref – Allows the user to view the health program associated with a particular window.

Menu Selection: Claim

This menu selection allows the user to access specific claim information.

Condition – Allows the user to view the condition codes about the bill that may affect payer processing.

Diagnosis – Allows the user to view the primary and other ICD-9-CM diagnosis codes.

ICD-9-CM – Allows the user to view the ICD-9-CM procedure codes.

Inpatient – Allows the user to view the DRG pricing for a specific claim.

Occurrence – Allows the user to view the occurrence codes and the date the event took place.

Payer – Allows the user to view payer information that includes the payer code, prior payment amount, and estimated amount due.

Value – Allows the user to view the value codes on the claim.

COB – Allows the user to view the UB-92 Coordination of Benefits Header window.

Field information

Field Name: ICN

Description – Internal control number that identifies a claim

Format – Thirteen characters

Features – Protected, display only

Field Name: Claim Type

Description – Indicates the type of claim

Format – Twenty characters

Features – Protected, display only

Valid values:

Inpatient

Outpatient

Home Health

Nursing Home

Crossover A

Crossover C

Field Name: Type Of Bill

Description – A code that indicates the specific type of bill

Format – Three alphanumeric characters

Features – Protected, display only

Valid Values:

Hosp Inpatient: 110, 111, 112, 113, 114, 115, 116, 117, 118

Hosp Outpatient: 130, 131, 135, 136, 137, 138

Hosp Other DX Svcs: 140, 141, 145, 146, 147, 148

Hosp Dialysis Center: 720, 721, 725, 726, 727, 728

Hosp Hospice: 820, 821, 822, 823, 824, 825, 826, 827, 828

Skilled Nursing: 210, 211, 215, 216, 217, 218

Intermediate Care Fac: 650, 651, 655, 656, 657, 658

ICF/MR: 660, 661, 665, 666, 667, 668

CRF/DD: 670, 671, 675, 676, 677, 678

Home Health: 330, 331, 335, 336, 337, 338

Free Standing Clinic: 730, 731, 735, 736, 737, 738

Outp Rehab Facility: 740, 741, 745, 746, 747, 748

Hospice - Non Hospital: 810, 811, 815, 816, 817, 818

Hospice - Hospital Based: 820, 821, 825, 826, 827, 828

Ambulatory Surgery Ctr: 830, 831, 835, 836, 837, 838

Field Name: Claim Status

Description –This field displays the status of the claim.

Format – Nine alphabetic characters

Features – Protected, display only

Valid values:

Paid

Field Name: TXN Type

Description – Not currently used

Format – One alphanumeric character

Features – Protected, display only

Field Name: No of Details

Description –The number of detail service lines on the claim.

Format – Two numeric characters

Features – Protected, display only

Field Name: RID No

Description –A system assigned number that identifies a member.

Format – Twelve characters

Features – Protected, display only

Field Name: Recip Last Name

Description – The last name of the recipient associated with the RID. If there is no association between the last name and the RID number, the first three characters of the last name are displayed.

Format – Fifteen characters

Features – Protected, display only

Field Name: Recip First Name

Description – The first name of the member associated with the RID. If there is no association between the first name and the RID number the first character of the first name is displayed.

Format – Fifteen characters

Features – Protected, display only

Field Name: Provider/Location

Description – The billing provider identification number and location that indicates who provided services.

Format – Nine numeric characters and one alpha character

Features – Protected, display only

Field Name: Days Covered

Description –Number of days covered by the primary payer

Format – Three numeric characters

Features – Protected, display only

Field Name: From DOS

Description –Beginning date of service on the claim.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: To DOS

Description – Ending date of service on the claim.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Attending License

Description –The license number of the physician who normally certifies or re-certifies the medical necessity of the services rendered and has primary responsibility for the patient's medical care and treatment.

Format – Ten characters

Features – Protected, display only

Field Name: Admit Hour

Description –The hour that the member was admitted.

Format – Two numeric characters

Features – Protected, display only

Field Name: Admit Type

Description – Code indicating the priority of this admission

Format – One numeric character

Features – Protected, display only

Valid values:

     1 = Emergency

     2 = Urgent

     3 = Elective

     4 = Newborn

> *Required for Inpatient and Outpatient claims*
>
> *Optional for Nursing Home*

Field Name: Admit Date

Description –The date the patient was admitted to the facility for care.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Allowed Amount

Description –Amount allowed to the provider.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Other Prov License 1

Description –The license number of the physician other than the attending physician.

Format – Ten characters

Features – Protected, display only

Field Name: Other Prov License 2

Description – The license number of the physician other than the attending physician.

Format – Ten characters

Features – Protected, display only

Field Name: Patient Status

Description – Codes indicating patient status as of the ending service date of the period covered on the claim.

Format – Two numeric characters

Features – Protected, display only

Valid Values:

01 - Discharged to home or self care, routine discharge

02 - Discharged/transferred to another short-term general hospital for inpatient care

03 - Discharged/transferred to a skilled nursing facility (SNF)

04 - Discharged/transferred to an intermediate care facility (ICF)

05 - Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution

06 - Discharged/transferred to home under care of organized home health service organization

07 - Left against medical advice or discontinued care

08 - Discharged/transferred to home under care of a Home IV provider

09 - Admitted as an inpatient to this hospital

20 - Expired

30 - Still patient or expected to return for outpatient services

40 - Expired at home

41 - Expired in a medical facility, such as hospital, SNF, ICF, or free standing hospice

42 – Expired, place unknown

Field Name: Date Billed

Description –Date the claim was submitted for processing.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Overhead Amount

Description – Extra dollar amount paid to Home Health providers.

Format – Seven numeric characters

Features – Protected, display only

Field Name: Cert Code

Description –Code used to identify the certification of the member.

Format – Two alphanumeric characters

Features – Protected, display only

Field Name: Billed Amount

Description – Amount requested by the provider for services rendered.

Format – Nine alphanumeric characters

Features – Protected, display only

Field Name: TPL Recov Amt

Description –The casualty case recovery amount populated from the Settlement window.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Co-Pay Amount

Description – Co-pay amount applicable to the claim.

Format – Nine numeric characters

Features – Protected - display only

Field Name: Patient Acct No

Description –Patient's unique identification number assigned by the provider to track the patient's financial records.

Format – Twelve characters

Features – Protected, display only

Field Name: Signature

Description – Indicates if the claim was signed by the provider or representative

Format – Yes/No

Features – Protected, display only

Field Name: Disp Share Amount

Description –The lost opportunity costs.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Total Reimbursed

Description –Total amount the provider receives.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Next ICN

Description –This field allows the user to enter the ICN of the next claim to view.

Format – Thirteen characters

Features – None

Edits – 91046 – New key is required!

To correct – Key in an ICN number

Edit – ICN must be numeric!

To correct – Verify entry and select Inquire or press Enter.

Edit – ICN must be 13 digits!

To correct – Verify entry and select Inquire or press Enter.

Edit – MMIS batch range is invalid!

To correct – Verify entry and select Inquire or press Enter.

Edit – AIM batch range is invalid!

To correct – Verify entry and select Inquire or press Enter.

Edit – Record not found - please try again!

To correct – Verify entry and select Inquire or press Enter.

Field Name: Detail No.

Description –Identifies what the detail the information is for

Format – Two numeric characters

Features – Protected, display only

Field Name: Detail Stat

Description – Indicates the status of the detail.

Format – One alpha character

Features – Protected, display only

Valid values:

P = Paid

S = Suspended

D = Denied

Field Name: Rev Code

Description – The code that identifies a specific accommodation or ancillary service

Format – Three numeric characters

Features – Protected, display only

Field Name: Proc Code

Description – Identifies the HCPCS code used for the detail.

Format – Five alphanumeric characters

Features – Protected, display only

Field Name: DOS

Description – The date the service was provided.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Units Billed

Description – The number of units billed.

Format – Seven numeric characters

Features – Protected, display only

Field Name: Units Alwd

Description – The number of units of service that were paid

Format – Six numeric characters

Features – Protected, display only

Field Name: Billed Amt

Description –Amount of money requested for payment by a provider for services rendered.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Allowed Amt

Description –The lesser of the billed amount and the allowed amount on file (applies to home health and outpatient claims only).

Format – Nine numeric characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM01.PBL, CLAIM02PBL

Window – W_BASE_INQUIRY_CLAIM

W_UB-92_PAID

Menu – M_CLAIM_INQUIRY

Data window – DW_UB-92_HDR_PAID

         DW_UB-92_DTL_PAID

System Features

Double click on the window to access the Provider, Recipient, or TPL databases.

Double click the detail to access to the Inquiry By window for further access to the HCPC Procedure Maintenance window.

The EOBs/Errors button and menu option are enabled only if codes exist.

The COB button is visible and enabled only when COB information is available on the claim(s).

Detail data scrolls vertically when more than four details exist.

Detail data scrolls horizontally to display all detail information.

Section 6: Denied UB-92 Claim Window

Introduction

The Denied UB-92 Claim window is accessed by either entering the ICN, provider number, or member number or by entering any of the optional information on the Claim Inquiry window. The UB-92 Details section of the window displays all the information entered in the detail lines of a Denied UB-92 Claim. The EOB/Errors button and menu options are enabled only if codes exist. The COB button is visible and enabled only when COB information is found. The COB button accesses the UB-92 Coordination of Benefits Header window. The data window scrolls vertically when more than four details exist. The Denied UB-92 Claim window gives the user access to the following windows:

• EOB/Errors is enabled only if EOB/Error codes exist.

• The COB database accesses Coordination of benefits information pertinent to the recipient.,and is enabled only when COB information is found and is visible when COB information is available on the claim(s).

• The recipient database accesses recipient information pertinent to the RID number on the screen.

• The provider database accesses provider information pertinent to the provider identification number on the screen.

• The TPL database accesses TPL information pertinent to the TPL amount on the screen.

Double click any field within the Denied UB-92 Claim window to display the Inquire By window. From this window the user can access the Provider, Recipient, or TPL database

Double click any field on the detail line of the Denied UB-92 Claim window will result in the Inquire By window appearing. From this window the user can access the Reference data base for either the revenue code or procedure code billed on the claim.

Denied UB92 Claim

File   Edit   Applications   Options   Claim

ICN:	Claim Type: Home Health Type of Bill: 331 Claim Status: Denied Txn Type: No. of Details: 001
RID No.:	Recip Last Name: Recip First Name:

Provider/ Location: Days Covered: 0   From DOS: 2003/09/04   To DOS: 2003/09/04

Attending License: Admit Hour/Type: 00   Admit Date: 0000/00/00   Allowed Amount: $0.00

Other Prov License 1:   Attending Taxonomy: Date Billed: 2003/09/26   Overhead Amount: $19.60

Other Prov License 2:   Cert. Code: Billed Amount: $54.30   Disp. Share Amount: $0.00

Patient Acct No: Signature: No   Patient Status: 00   Attachment: No

Detail No. Stat	Rev Code	Proc Code	Modifier 1 2 3 4	DOS	Units Billed	Billed Amt	NDC
001 S	431	W7402		2003/09/04	1	$54.30	

Next ICN

[ ] [Inquire]   [EOBs / Errors / ARCs / Remarks]   [COB]   [Exit]

Figure 6.1 – Denied UB-92 Claim

Denied UB-92 Claim				
File	Edit	Applications	Options	Claim
Print	Copy	Adhoc Reporting	Inquire	Condition
Exit	Paste	Claims	EOBs/Errors	Diagnosis
Audit	Cut	Financial	CCF Xref	ICD-9-CM
Exit Indiana*AIM*	Managed Care	Location	Inpatient	
		MARS	Related History	Occurrence
		Prior Authorization	Adj Information	Payer
		Provider	Cash Disposition	Value
		Recipient	RTS	COB
		Reference		
		Security		
		SURS		
		Third Party Liability		

Figure 6.2 – Denied UB-92 Claim Window Menu Tree

This is an illustration of the menu tree for the Denied UB-92 Claim window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Denied UB-92 Claim window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

 1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

 2. Press **Alt** and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*.

Menu Selection: Edit

This menu command allows the following options:

Copy – Transfers copied text to another area.

Paste – Inserts text cut or copied from another area.

Cut – Removes text and places it on the clipboard.

Menu Selection: Application

This menu options allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Menu Selection: Options

This menu selection allows the following options:

Inquire – Allows the user to view a different claim.

EOBs/Errors – Allows the user to view the EOB and Errors about the claim header.

CCF Xref – Allows the user to view the ICN of the CCF that was used to correct the claim.

Location – Allows the user to see the claim location.

Related History – Allows the user to view related claims from history.

Adj Information – Allows the user to access adjustment related information associated with a paid claim.

Cash Disposition – Allows the user to access cash related information associated with a paid refund adjustment claim.

RTS – Allows the user to view the Return To Sender letter for the claim.

Hlth Pgm Xref – Allows the user to view the health program associated with that particular claim.

Menu Selection: Claim

This menu selection allows the following options:

Condition – Allows the user to view the conditions codes relating to this bill that may affect payer processing.

Diagnosis – Allows the user to view the primary and other ICD-9-CM diagnosis codes.

ICD-9-CM – Allows the user to view the ICD-9-CM procedure codes.

Inpatient – Allows the user to view the DRG pricing for the claim.

Occurrence – Allows the user to view the occurrence codes and date the event took place.

Payer – Allows the user to view payer information that includes the payer code, prior payment amount, and estimated amount due.

Value – Allows the user to view the value codes on the claim.

COB – Allows the user to view any claim(s) that have been identified as having COB information.

Field information

Field Name: ICN

Description – Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Field Name: Claim Type

Description –Indicates the type of claim.

Format – Twenty characters

Features – Protected, display only

Valid Values:

Inpatient

Outpatient

Home Health

Nursing Home

Crossover A

Crossover C

Field Name: Type Of Bill

Description – A code that indicates the specific type of bill

Format – Three alphanumeric characters

Features – Protected, display only

Valid Values:

Hosp Inpatient: 110, 111, 112, 113, 114, 115, 116, 117, 118

Hosp Outpatient: 130, 131, 135, 136, 137, 138

Hosp Other DX Svcs: 140, 141, 145, 146, 147, 148

Hosp Dialysis Center: 720, 721, 725, 726, 727, 728

Hosp Hospice: 820, 821, 822, 823, 824, 825, 826, 827, 828

Skilled Nursing: 210, 211, 215, 216, 217, 218

Intermediate Care Fac: 650, 651, 655, 656, 657, 658

ICF/MR: 660, 661, 665, 666, 667, 668

CRF/DD: 670, 671, 675, 676, 677, 678

Home Health: 330, 331, 335, 336, 337, 338

Free Standing Clinic: 730, 731, 735, 736, 737, 738

Outp Rehab Facility: 740, 741, 745, 746, 747, 748

Hospice - Non Hospital: 810, 811, 815, 816, 817, 818

Hospice - Hospital Based: 820, 821, 825, 826, 827, 828

Ambulatory Surgery Ctr: 830, 831, 835, 836, 837, 838

Field Name: Claim Status

Description – This field displays the status of the claim.

Format – Nine alpha characters

Features – Protected, display only

   Valid Values:

     Denied

Field Name: Txn Type

Description – Not currently used.

Format – One alphanumeric character

Features – Protected, display only

Field Name: No of Details

Description –The number of detail service lines on the claim.

Format – Two numeric characters

Features – Protected, display only

Field Name: RID No

Description –A system assigned number that identifies a member.

Format – Twelve numeric characters

Features – Protected, display only

Field Name: Recip Last Name

Description – Last name of the member associated with the RID. If there is no association between the last name and the RID number the first three characters of the last name keyed is displayed.

Format – Fifteen alphanumeric characters

Features – Protected, display only

Field Name: Recip First Name

Description – The first name of the recipient associated with the RID. If there is no association between the first name and the RID number the first character of the first name keyed is displayed.

Format – Fifteen characters

Features – Protected, display only

Field Name: Provider/Location

Description – The billing provider identification number and location that identifies the provider of services

Format – Nine numeric characters and one alphabetic character

Features – Protected display only

Field Name: Days Covered

Description – Number of days covered by the primary payer.

Format – Three numeric characters

Features – Protected, display only

Field Name: From DOS

Description – Beginning date of service on the claim.

Description – Eight numeric characters in CCYYMMDD format

Description – Protected, display only

Field Name: To DOS

Description – Ending date of service on the claim.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Attending License

Description – License number of the physician who normally certifies or recertifies the medical necessity of the services rendered and who has primary responsibility for the patient's medical care and treatment

Format – Ten characters

Features – Protected, display only

Field Name: Admit Hour

Description – Hour the member was admitted

Format – Two numeric characters

Features – Protected, display only

Field Name: Admit Type

Description – Code that indicates the priority of the admission

Format – One numeric character

Features – Protected, display only

Valid Values:

1 = Emergency

2 = Urgent

3 = Elective

4 = Newborn

Required for inpatient and outpatient claims

Optional for nursing home

Field Name: Admit Date

Description –The date the patient was admitted to the facility for care.

Format – Eight numeric characters in the CCYYMMDD format

Features – Protected, display only

Field Name: Allowed Amount

Description – Amount allowed to the provider.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Other Prov License 1

Description –The license number of the physician other than the attending physician.

Format – Ten characters

Features – Protected, display only

Field Name: Other Prov License 2

Description –The license number of the physician other than the attending physician.

Format – Ten characters

Features – Protected, display only

Field Name: Patient Status

Description – Code that indicates the patient status as of the ending service date of the period covered on the claim.

Format – Two numeric characters

Features – Protected, display only

> Valid Values:
>
> 01 – Discharged to home or self care, routine discharge
>
> 02 – Discharged or transferred to another short-term general hospital for inpatient care
>
> 03 – Discharged/transferred to a skilled nursing facility (SNF)
>
> 04 – Discharged/transferred to an intermediate care facility (ICF)
>
> 05 – Discharged or transferred to another type of institution for inpatient care or referred for outpatient services to another institution
>
> 06 – Discharged or transferred to home under care of organized home health service organization
>
> 07 – Left against medical advice or discontinued care
>
> 08 – Discharged or transferred to home under care of a Home IV provider
>
> 09 – Admitted as an inpatient to this hospital
>
> 20 – Expired
>
> 30 – Still patient or expected to return for outpatient services.
>
> 40 – Expired at home.
>
> 41 – Expired in a medical facility: e.g., hospital, SNF, ICF, or free standing hospice.
>
> 42 – Expired, place unknown.

Field Name: Date Billed

Description – Date the claim was submitted for processing.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Overhead Amount

Description – Extra dollar amount paid to Home Health providers.

Format – Seven numeric characters

Features – Protected, display only

Field Name: Cert Code

Description – Code used to identify the certification of the member.

Format – Two alphanumeric characters

Features – Protected, display only

Field Name: Billed Amount

Description – Amount requested by the provider for services rendered.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Patient Acct No

Description – Unique identification number assigned by the provider to track patient financial records

Format – Twelve characters

Features – Protected, display only

Field Name: Signature

Description –Indicates if the claim was signed by the provider or representative

Format – Yes or no

Features – Protected, display only

Field Name: Disp Share Amount

Description – The lost opportunity costs.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Next ICN

Description –This field allows the user to enter the ICN of the next claim to be viewed.

Format – Thirteen characters

Features – None

Edit – 91046 – New key is required!

To correct – Key in an ICN number

Edit – ICN must be numeric!

To correct – Verify entry and select Inquire or press **Enter**.

Edit – ICN must be 13 digits!

To correct – Verify entry and select Inquire button or press **Enter**.

Edit – MMIS batch range is invalid!

To correct – Verify entry and select Inquire or press **Enter**.

Edit – *AIM* batch range is invalid!

To correct – Verify entry and select Inquire or press **Enter**.

Edit – Record not found - please try again!

To correct – Verify entry and select Inquire or press Enter.

Field Name: Detail No.

Description – Identifies detail information

Format – Two numeric characters

Features – Protected, display only

Field Name: Detail Stat

Description – Indicates the status of the detail

Format – One alpha character

Features – Protected, display only

> Valid Values:
>
> > P = Paid
> >
> > S = Suspended
> >
> > D = Denied

Field Name: Rev Code

Description – The code that identifies a specific accommodation or ancillary service

Format – Three numeric characters

Features – Protected, display only

Field Name: Proc Code

Description – Identifies the HCPCS code used for the detail.

Format – Five alphanumeric characters

Features – Protected, display only

Field Name: DOS

Description – The date the service was provided.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Units Billed

Description –The number of units billed.

Format – Seven numeric characters

Features – Protected, display only

Field Name: Billed Amt

Description – Amount of money requested for payment by a provider for services rendered.

Format – Nine numeric characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM01.PBL, CLAIM02PBL

Window – W_BASE_INQUIRY_CLAIM

W_UB-92_DENIED

Menu – M_CLAIM_INQUIRY

Data window – DW_UB-92_HDR_DENIED

DW_UB-92_DTL_DENIED

System Features

Double click the window to access Provider, Recipient, or TPL databases.

Double click the detail to access the Inquiry By window to allow further access to the HCPC Procedure Maintenance window.

The EOBs/Errors button and menu options are enabled only if codes exist.

The COB button is visible and enabled only when COB information is available on the claim(s).

Detail data scrolls vertically when more than four details exist.

Section 7: Suspended UB-92 Claim Window

Introduction

The Suspended UB-92 Claim window is accessed by either entering the ICN, provider number, or member number or by entering any of the optional information on the Claim Inquiry window. The UB-92 Details section of the window displays all the information entered in the detail lines of a Suspended UB-92 Claim. The COB button is visible and enabled only when COB information is found. The COB button accesses the UB-92 Coordination of Benefits Header window. The EOB/Errors button and menu options are enabled only if codes exist. The data window scrolls vertically when more than four details exist. The Suspended UB-92 Claim window gives the user access to the following windows:

- EOB/Errors is enabled only if EOB/Error codes exist.

- The COB database accesses Coordination of benefits information pertinent to the recipient, and is enabled only when COB information is found only when COB information is available on the Claim(s).

- The recipient database accesses recipient information pertinent to the RID number on the screen.

- The provider database accesses provider information pertinent to the provider identification number on the screen.

- The TPL database accesses TPL information pertinent to the TPL amount on the screen.

Double click any field within the Suspended UB-92 Claim window to display the Inquire By window. From this window the user can access the Provider, Recipient, or TPL database.

Double click any field on the detail line of the Suspended UB-92 Claim window to display the Inquire By window. From this window the user can access the Reference database for either the revenue code or procedure code billed on the claim.

Figure 7.1 – Suspended UB-92 Claim

Suspended UB-92 Claim

File	Edit	Applications	Options	Claim
Print	Copy	Adhoc Reporting	Inquire	Condition
Exit	Paste	Claims	EOBs/Errors	Diagnosis
Audit	Cut	Financial	CCF Xref	ICD-9-CM
Exit Indiana*AIM*		Managed Care	Location	Inpatient
		MARS	Related History	Occurrence
		Prior Authorization	Adj Information	Payer
		Provider	Cash Disposition	Value
		Recipient		COB
		Reference		
		Security		
		SURS		
		Third Party Liability		

Figure 7.2 – Suspended UB-92 Claim Window Menu Tree

This is an illustration of the menu tree for the Suspended UB-92 Claim window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Suspended UB-92 Claim window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the user to exit the window, print the screen displayed, or exit Indiana*AIM*.

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM.*

Menu Selection: Edit

This menu selection allows the user to make adjustments to the data.

Copy – Transfers copied text to another area.

Paste – Inserts text cut or copied from another area.

Cut – Removes text and places it on the clipboard.

Menu Selection: Applications

This menu selection allows access to all the functional areas available in IndianaAIM.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows.

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows.

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Menu Selection: Options

This menu selection allows the user to select different system functions from the menu bar.

Inquire – Allows the user to view a different claim.

EOBs/Errors – Allows the user to view the EOB and Errors about the claim header.

CCF Xref – Allows the user to view the ICN of the CCF that was used to correct the claim.

Location – Allows the user to see the claim location.

Related History – Allows the user to view related claims from history.

Adj Information – Allows the user to access adjustment related information associated with a paid claim.

Cash Disposition – Allows the user to access cash related information associated with a paid refund adjustment claim.

RTS – Allows the user to view the Return To Sender letter for the claim.

Hlth Pgm Xref – Allows the user to view the health program associated with that particular claim.

Menu Selection: Claim

This menu selection allows the user to access specific claim information.

Condition – Allows the user to view the conditions codes relating to this bill that may affect payer processing.

Diagnosis – Allows the user to view the primary and other ICD-9-CM diagnosis codes.

ICD-9-CM – Allows the user to view the ICD-9-CM procedure codes.

Inpatient – Allows the user to view the DRG pricing for the claim.

Occurrence – Allows the user to view the occurrence codes and date the event took place.

Payer – Allows the user to view payer information that includes the payer code, prior payment amount, and estimated amount due.

Value – Allows the user to view the value codes on the claim.

COB – Allows the user to view any claim(s) that have been identified as having COB information.

Field information

Field Name: ICN

Description – Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Field Name: Claim Type

Description –Indicates the type of claim.

Format – Twenty characters

Features – Protected, display only

Valid Values:

Inpatient

Outpatient

Home Health

Nursing Home

Crossover A

Crossover C

Field Name: Type Of Bill

Description – Code indicating the specific type of bill

Format – Three alphanumeric characters

Features – Protected, display only

Valid Values:

Hosp Inpatient: 110, 111, 112, 113, 114, 115, 116, 117, 118

Hosp Outpatient: 130, 131, 135, 136, 137, 138

Hosp Other DX Svcs: 140, 141, 145, 146, 147, 148

Hosp Dialysis Center: 720, 721, 725, 726, 727, 728

Hosp Hospice: 820, 821, 822, 823, 824, 825, 826, 827, 828

Skilled Nursing: 210, 211, 215, 216, 217, 218

Intermediate Care Fac: 650, 651, 655, 656, 657, 658

ICF/MR: 660, 661, 665, 666, 667, 668

CRF/DD: 670, 671, 675, 676, 677, 678

Home Health: 330, 331, 335, 336, 337, 338

Free Standing Clinic: 730, 731, 735, 736, 737, 738

Outp Rehab Facility: 740, 741, 745, 746, 747, 748

Hospice - Non Hospital: 810, 811, 815, 816, 817, 818

Hospice - Hospital Based: 820, 821, 825, 826, 827, 828

Ambulatory Surgery Ctr: 830, 831, 835, 836, 837, 838

Field Name: Claim Status

Description – Displays the status of the claim.

Format – Nine alphabetic characters

Features – Protected, display only

       Valid Values:

            Suspended

Field Name: Txn Type

Description – Not currently used.

Format – One alphanumeric character

Features – Protected, display only

Field Name: No of Details

Description – The number of detail service lines on the claim.

Format – Two numeric characters

Features – Protected, display only

Field Name: RID No

Description – A system assigned number that identifies a member.

Format – Twelve characters

Features – Protected, display only

Field Name: Recip Last Name

Description –The last name of the member associated with the RID. If there is no association between the last name and the RID number the first three characters of the last name keyed is displayed.

Format – Fifteen characters

Features – Protected, display only

Field Name: Recip First Name

Description – The first name of the member associated with the RID. If there is no association between the first name and the RID number, the first character of the first name keyed is displayed.

Format – Fifteen characters

Features – Protected, display only

Field Name: Provider/Location

Description – The billing provider identification number and location that identifies the provider of services

Format – Nine numeric characters and one alpha character

Features – Protected, display only

Field Name: Days Covered

Description –Number of days covered by the primary payer

Format – Three numeric characters

Features – Protected, display only

Field Name: From DOS

Description –Beginning date of service on the claim

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: To DOS

Description –Ending date of service on the claim.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Attending License

Description –The license number of the physician who normally certifies or recertifies the medical necessity of the services rendered and who has primary responsibility for the patient's medical care and treatment.

Format – Ten characters

Features – Protected, display only

Field Name: Admit Hour

Description – The hour the member was admitted.

Format – Two numeric characters

Features – Protected, display only

Field Name: Admit Type

Description – Code indicating priority of the admission

Format – One numeric character

Features – Protected, display only

    Valid Values:

        1 = Emergency

        2 = Urgent

        3 = Elective

        4 = Newborn

Required for inpatient and outpatient claims

Optional for nursing home

Field Name: Admit Date

Description – The date the patient was admitted to the facility for care.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Allowed Amount

Description – Amount allowed to the provider.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Other Prov License 1

Description – The license number of the physician other than the attending physician.

Format – Ten characters

Features – Protected, display only

Field Name: Other Prov License 2

Description –The license number of the physician other than the attending physician.

Format – Ten characters

Features – Protected, display only

Field Name: Patient Status

Description – Code that indicates the patient's status as of the ending service date of the period covered on the claim.

Format – Two numeric characters

Features – Protected, display only

> Valid Values:
>
> 01 - Discharged to home or self care, routine discharge
>
> 02 – Discharged or transferred to another short term general hospital for inpatient care.
>
> 03 – Discharged or transferred to a skilled nursing facility (SNF)
>
> 04 – Discharged or transferred to an intermediate care facility (ICF)
>
> 05 – Discharged or transferred to another type of institution for inpatient care or referred for outpatient services to another institution.
>
> 06 – Discharged or transferred to home under care of organized home health service organization.
>
> 07 – Left against medical advice or discontinued care.
>
> 08 – Discharged/transferred to home under care of a Home IV provider
>
> 09 – Admitted as an inpatient to this hospital.
>
> 20 – Expired
>
> 30 – Still patient or expected to return for outpatient services.
>
> 40 – Expired at home.
>
> 41 – Expired in a medical facility: e.g., hospital, SNF, ICF, or free-standing hospice.
>
> 42 – Expired, place unknown.

Field Name: Date Billed

Description – Date the claim was submitted for processing.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Overhead Amount

Description –Extra dollar amount paid to Home Health providers.

Format – Seven numeric characters

Features – Protected, display only

Field Name: Cert Code

Description – Code used to identify the certification of the member.

Format – Two alphanumeric characters

Features – Protected, display only

Field Name: Billed Amount

Description – Amount requested by the provider for services rendered.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Patient Acct No

Description – Identification number assigned by the provider to track patient financial records

Format – Twelve characters

Features – Protected, display only

Field Name: Signature

Description –Indicates if the claim was signed by the provider or representative

Format – Yes or no

Features – Protected, display only

Field Name: Disp Share Amount

Description – The lost opportunity costs

Format – Nine numeric characters

Features – Protected, display only

Field Name: Next ICN

Description – This field allows the user to enter the ICN of the next claim to view.

Format – Thirteen characters

Features – None

Edit – 91046 – New key is required!

To correct – Key in an ICN number

Edit – ICN must be numeric!

To correct – Verify entry and select Inquire or press **Enter**.

Edit – ICN must be 13 digits!

To correct – Verify entry and select Inquire or press **Enter.**

Edit – MMIS batch range is invalid!

To correct – Verify entry and select Inquire or press **Enter**.

Edit – *AIM* batch range is invalid!

To correct – Verify entry and select Inquire or press **Enter**.

Edit – Record not found - please try again!

To correct – Verify entry and select Inquire or press **Enter.**

Field Name: Detail NO.

Description – Identifies the detail the information is for.

Format – Two numeric characters

Features – Protected, display only

Field Name: Detail Stat

Description – Indicates the status of the detail.

Format – One alphabetic character

Features – Protected, display only

　　　　Valid Values:

　　　　　　　P = Paid

　　　　　　　S = Suspended

　　　　　　　D = Denied

Field Name: Rev Code

Description – The code that identifies a specific accommodation or ancillary service

Format – Three numeric characters

Features – Protected, display only

Field Name: Proc Code

Description – Identifies the HCPCS code used for the detail.

Format – Five alphanumeric characters

Features – Protected, display only

Field Name: DOS

Description – Date the service was provided

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: Units Billed

Description – Number of units billed

Format – Seven numeric characters

Features – Protected, display only

Field Name: Billed Amt

Description – Amount of money requested for payment by a provider for services rendered.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Allowed Amt

Description – The lesser of the billed amount and the allowed amount on file (applies to HomeHealth and Outpatient claims only)

Format – Nine numeric characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM01.PBL, CLAIM02PBL

Window – W_BASE_INQUIRY_CLAIM

       W_UB-92_SUSPENDED

Menu – M_CLAIM_INQUIRY

Data window – DW_UB-92_HDR_SUSPENDED

       DW_UB-92_DTL_SUSPENDED

System Features

Double click the window to access to Provider, Recipient, or TPL databases.

Double click the detail to access to the Inquiry By window to allow further access to the HCPC Procedure Maintenance window.

The EOBs/Errors button and menu options are enabled only if codes exist.

The COB button is visible and enabled only when COB information is available on the claim(s).

Detail data scrolls vertically when more than four details exist.

Section 8: UB-92 Condition Codes Window

Introduction

The UB-92 Condition Codes window displays the Condition Codes applicable to the claim. These codes are generated to identify conditions relating to this bill that may affect payer processing.

Figure 8.1 – UB-92 Condition Codes Window

UB-92 Condition Codes	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit Indiana*AIM*	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 8.2 – UB-92 Condition Codes Window Menu Tree

This is an illustration of the menu tree for the UB-92 Condition Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 Condition Codes window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*.

Menu Selection: Applications

This menu selection allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reportin**g to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows.

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description –Internal control number that identifies a claim

Format – Thirteen characters

Features – Protected, display only

Field Name: Seq

Description – Sequence number

Format – Two numeric characters

Features – Protected, display only

Field Name: Condition

Description –A code used to identify conditions relating to this bill that may affect payer processing.

Format – Two alphanumeric characters

Features – Protected, display only

Valid Values:

Insurance Codes:

02 - Condition is employment related

03 - Patient covered by insurance not reflected here

05 - Lien has been filed

Accommodations:

40 - Same day transfer

Prospective Payment:

60 - Day outlier

61 - Cost outlier

82 - Noncovered by other insurance

Special program indicator codes:

A7 - Induced abortion, danger to life

A8 - Induced abortion, victim of rape/incest

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_UB-92_CONDITION

Menu – C_CLAIM_GENERIC_MAINT

Data Window – DW_UB-92_CONDITION

System Features

Click **Exit** to exit the UB-92 Condition Codes window.

Section 9: UB-92 Diagnosis Codes Window

Introduction

The UB-92 Diagnosis Codes window displays the Diagnosis Codes applicable to the claim. This window includes the primary and other ICD-9-CM diagnosis codes. The primary diagnosis code is the ICD-9-CM code describing the condition established after study to be chiefly responsible for the reason of admitting the patient. The other diagnosis codes are the ICD-9-CM codes corresponding to additional conditions that co-exist at the time of admission, or develop after, and which affect the treatment received or the length of stay.

Figure 9.1 – UB-92 Diagnosis Codes Window

UB-92 Diagnosis Codes	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit Indiana*AIM*	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 9.2 – UB-92 Diagnosis Codes Window Menu Tree

This is an illustration of the menu tree for the UB-92 Diagnosis Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 Diagnosis Codes window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM.*

Menu Selection: Applications

This menu selection allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click Security to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description – Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Field Name: Seq

Description –Sequence number

Format – Two numeric characters

Features – Protected, display only

Field Name: Diagnosis

Description – ICD-9-CM code used to identify the primary or other diagnoses.

Format – Five alphanumeric characters

Features – Protected, display only

System Information

PBL – CLAIM01.PBL

Window – W_UB-92_DIAGNOSIS

Menu – M_CLAIM_GENERIC_MAINT

Data Window – DW_UB-92_DIAGNOSIS

System Features

Click **Exit** to exit the UB-92 Diagnosis Codes window.

Double click the Diagnosis code to view the Diagnosis Maintenance window.

Section 10: UB-92 ICD-9-CM Procedure Codes Window

Introduction

The UB-92 ICD-9-CM Procedure Codes window displays the ICD-9-CM Procedure Codes applicable to the claim. This window includes both the principal and other ICD-9-CM procedure codes. The principal procedure code is the ICD-9-CM code that identifies the procedure performed during the period covered by this bill and the date on which the principal procedure was performed. The other procedure codes are the ICD-9-CM codes that identify all significant procedures other than the principal procedure and the dates on which they were performed.

Figure 10.1 – UB-92 ICD-9-CM Procedure Codes Window

UB-92 ICD 9 CM Procedure Codes	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit Indiana*AIM*	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 10.2 – UB-92 ICD CM Procedure Codes Window Menu Tree

This is an illustration of a menu tree for the UB-92 ICD-9-CM Procedure Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 ICD-9-CM Procedure Codes window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*.

Menu Selection: Applications

This menu selection allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description –Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Field Name: Seq

Description – Sequence number

Format – Two numeric characters

Features – Protected, display only

Field Name: ICD-9-CM Procedure

Description –Code used to identify the principal or other procedures

Format – Four alphanumeric characters

Features – Protected, display only

Field Name: Date

Description –Date the ICD-9-CM procedure was performed

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_UB-92_ICD9CM

Menu – M_CLAIM_GENERIC_MAINT

Data Window – DW_UB-92_ICD9CM

System Features

Click **Exit** to exit the UB-92 ICD-9-CM Procedure Codes window.

Section 11: UB-92 Occurrence Codes Window

Introduction

The UB-92 Occurrence Codes window displays the Occurrence Codes applicable to the claim. This window includes the code and dates the event took place.

Figure 11.1 – UB-92 Occurrence Codes Window

UB-92 Occurrence Codes	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit Indiana*AIM*	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 11.2 – UB-92 Occurrence Codes Window Menu Tree

This is an illustration of a menu tree for the UB-92 Occurrence Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 Occurrence Codes window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM.*

Menu Selection: Applications

This menu selection allows the following options:

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows.

Managed Care – Click **Managed Care** to access the Managed Care windows.

MARS – Click **MARS** to access MARS windows.

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description –Internal control number that identifies a claim

Format – Thirteen characters

Features – Protected, display only

Field Name: Seq

Description – Sequence number

Format – Two numeric characters

Features – Protected, display only

Field Name: Occurrence Code

Description –The code that identifies a significant event relating to this bill that may affect payer processing.

Format – Two alphanumeric characters

Features – Protected, display only

> Valid Values:
>
>> 01 - Auto accident
>>
>> 02 - No fault insurance involved, including auto accident or other
>>
>> 03 - Accident/Tort liability
>>
>> 04 - Accident/Employment related
>>
>> 05 - Other accident
>>
>> 06 - Crime victim
>>
>> 25 - Date benefits terminated by primary payer
>>
>> 27 - Date Home Health Plan established or last reviewed
>>
>> 50 - Previous hospital discharge
>>
>> 51 - Date of discharge
>>
>> 52 - Initial examination

Field Name: Begin Date

Description –The date the occurrence happened.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Field Name: End Date

Description –The date when the occurrence code ended.

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_UB-92_OCCURRENCE

Menu – M_CLAIM_GENERIC_MAINT

Data Window – DW_UB-92_OCCURRENCE

System Features

Click **Exit** to exit the UB-92 Occurrence Codes window.

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Section 12: UB-92 Payer Information Window

</div>

Introduction

The UB-92 Payer Information window displays the Payer Information applicable to the claim. This window includes the payer code, prior payment amount and the estimated amount due.

Figure 12.1 – UB-92 Payer Information Window

UB-92 Payer Information	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit Indiana*AIM*	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 12.2 – UB-92 Payer Information Window Menu Tree

This is an illustration of the menu tree for the UB-92 Payer Information window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 Payer Information window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM.*

Menu Selection: Applications

This menu option allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description –Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Field Name: Seq

Description – Sequence of payer information as it appears on the claim.

Format – Thirteen characters

Features – None

Field Name: Payer Code

Description – The code that identifies the organization the provider might expect some payment from

Format – One alphabetic character

Features – Protected, display only

Valid Values:

A = Medicare

B = Other Insurance

C = Indiana Health Coverage Programs

Field Name: Prior Payment Amt

Description – The amount the hospital has received toward payment of this bill prior to the billing date by the payer.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Estimated Amt Due

Description –The amount estimated by the hospital that is due from the payer.

Format – Nine numeric characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_UB-92_PAYER

Menu – M_CLAIM_GENERIC_MAINT

Data Window – DW_UB-92_PAYER

System Features

Click **Exit** to exit the UB-92 Payer Information window.

Section 13: UB-92 Value Codes Window

Introduction

The UB-92 Value Codes window displays the Value Codes applicable to the claim. This window includes the value code and the amount of the value.

Figure 13.1 – UB-92 Value Codes Window

UB-92 Value Codes	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit Indiana*AIM*	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 13.2 – UB-92 Value Codes Window Menu Tree

This is an illustration of the menu tree for the UB-92 Value Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 Value Codes window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*.

Menu Selection: Applications

This menu selection allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description –Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Field Name: Seq

Description – Sequence number as they appeared on the claim.

Format – Two numeric characters

Features – Protected, display only

Field Name: Value

Description – A code that relates the value used to identify data elements necessary to process the claim.

Format – Two alphanumeric characters

Features – Protected, display only

Field Name: Amount

Description –The amount of the value code used to identify data elements that are necessary to process the claim.

Format – Nine numeric characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_UB-92_VALUE

Menu – M_CLAIM_GENERIC_MAINT

Data Window – DW_UB-92_VALUE

System Features

Click **Exit** to exit the UB-92 Value Codes window.

Section 14: UB-92 Inpatient DRG/LOC Inquiry Window

Introduction

The UB-92 Inpatient DRG/LOC Inquiry window allows the user to view the DRG and LOC data for the claim.

Figure 14.1 – UB-92 Inpatient DRG/LOC Inquiry Window

UB-92 Inpatient DRG/LOC Inquiry	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 14.2 – UB-92 Inpatient DRG/LOC Inquiry

This is an illustration of the menu tree for the UB-92 Inpatient DRG/LOC Inquiry window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the UB-92 Inpatient DRG/LOC Inquiry window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*.

Menu Selection: Application

This menu selection allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: DRG

Description – A code identifying the classification of diagnoses in which patients demonstrate similar resource consumption and length of stay patterns.

Format – Four numeric characters

Features – Protected, display only

Field Name: MDC

Description – A broad classification of diagnoses that group DRGs into one of the mutually exclusive MDCs

Format – Two numeric characters

Features – Protected, display only

Field Name: Level Of Care

Description – A per diem rate paid for treatment of a diagnosis or performing a procedure that is not paid through the DRG system.

Format – Three numeric characters

Features – Protected, display only

Field Name: Base Payment Amount

Description – The rate determined by multiplying the OMPP assigned "base" payment amount by the relative weight assigned by the DRG grouper

Format – Nine numeric characters

Features – Protected, display only

Field Name: Outlier

Description – An inpatient stay that is based on the total billed amount and exceeds a predetermined threshold defined as the greater of twice the DRG rate or $25,000.

Features – Protected, display only

Field Name: Capital Cost

Description – The additional payment adjustment for new construction or equipment

Format – Nine numeric characters

Features – Protected, display only

Field Name: Medical Education Cost

Description – The cost incurred by a specific hospital for training physicians, nurses, and other health care professionals.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Total

Description – Sum of the Base Payment Amount, Outlier, Capital Cost, and the Medical Education Cost

Format – Nine numeric characters

Features – Protected, display only

Field Name: Outlier Indicator

Description – Indicates if the Inpatient stay has met outlier payment criteria.

Format – One numeric character

Features – Protected, display only

Field Name: 2nd DRG Diagnosis

Description – Secondary diagnosis code on the claim.

Format – Five numeric characters

Features – Protected, display only

Field Name: 3rd DRG Diagnosis

Description – Third diagnosis code on the claim

Format – Five numeric characters

Features – Protected, display only

Field Name: CC Diagnosis

Description – CCs are complications or comorbid conditions. Comorbidity is a pre-existing condition that, because of its presence with a diagnosis, causes an increase in length of stay by at least one day in approximately 75 percent of the cases. Complications of a condition are those that arose during the hospital stay that prolong the length of stay at least one day in approximately 75 percent of the cases.

Format – Five numeric characters

Features – Protected, display only

Field Name: O.R. Procedure

Description – A procedure that falls into a predefined group of procedures that normally require the use of an operating room.

Format – Five numeric characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_UB-92_INPATIENT

Menu – W_BASE_INQUIRY

Data Window – DW_UB-92_INPATIENT

System Features
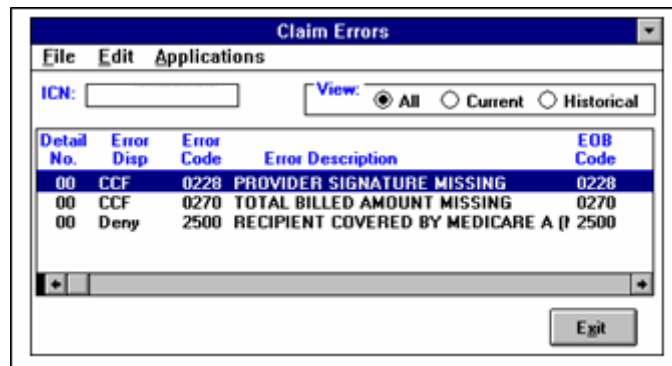
Click **Exit** at the bottom of the window to exit the window.

<div align="right">

Section 15: Claim Errors Window

</div>

Introduction

The Claim Errors window can be accessed from the paid denied or suspended claim windows. This window displays the header and or detail errors applicable to the claim being viewed.

Figure 15.1 – Claim Errors Window

Claim Errors		
File	Edit	Applications
Print	Copy	Adhoc Reporting
Exit	Paste	Claims
Audit	Cut	Financial
Exit Indiana*AIM*	Managed Care	MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 15.2 – Claim Errors Window Menu Tree

This is an illustration of the menu tree for the Claim Errors window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim Errors window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press **Alt** and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM.*

Menu Selection: Edit

This command allows the following options:

Copy – Transfers text to another area.

Paste – Inserts text cut or copied from another area.

Cut – Removes text and places it on the clipboard.

Menu Selection: Applications

This menu selection allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description – Internal control number used to uniquely identify a claim.

Format – Thirteen characters

Features – Protected, display only

Field Name: Detail No

Description – The number of the header (00) or detail (01-52) for a specific claim that is in error

Format – Three numeric characters

Features – Protected, display only

Field Name: Error Disp

Description – Indicates the claim disposition applicable to the edit or audit

Format – Blank/CCF/Suspend/Deny

Features – Protected, display only

Field Name: Error Code

Description – Code used to identify the edit or audit

Format – Four numeric characters

Features – Protected, display only

Field Name: Error Description

Description – Description of the edit or audit

Format – Fifty characters

Features – Protected, display only

Field Name: EOB Code

Description – Code number attached to an EOB message

Format – Four numeric characters

Features – Protected, display only

Field Name: Status

Description – Indicates the status of the EOB code

Format – Eight alpha characters

Features – None

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_CLAIM_ERRORS

Menu – M_CLAIM_GENERIC_MAINT

Data Window – DW_CLAIM_ERROR

　　　　　　　　DW_CLAIM_ICN

System Features

Click **Exit** to exit the window and return to the previous window.

The view by selection criteria at the top of the window allows the user to view claim errors. When the All selection is chosen all errors for the claim are displayed, when current is selected only the current errors is displayed. The Historical selection is not currently used.

Section 16: Claim EOBs Window

Introduction

The Claim EOBs window displays the EOB codes and messages applicable to the claim. These codes and messages are generated to explain and inform the provider the reason for the claim being paid, denied, or suspended.
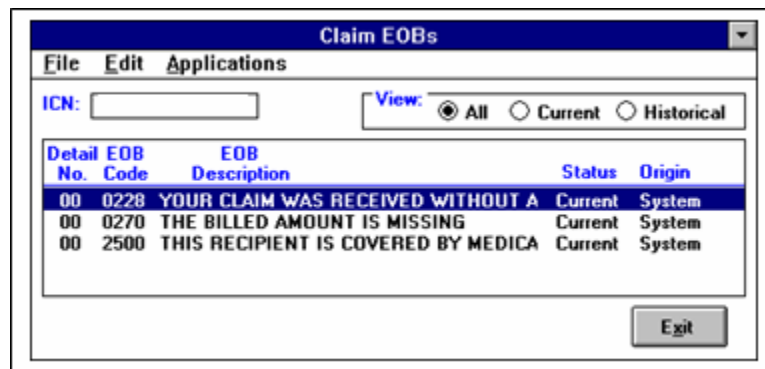
Figure 16.1 – Claim EOBs Window

Claim EOBs		
File	Edit	Applications
Print	Copy	Adhoc Reporting
Exit	Paste	Claims
Audit	Cut	Financial
Exit Indiana*AIM*	Managed Care	
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 16.2 – Claim EOBs Window Menu Tree

This is an illustration of the menu tree for the Claim EOBs window. All menus appear in single line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim EOBs window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*.

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers the copied text to another area.

Paste – Inserts text cut or copied from another area.

Cut – Removes text and places it on the clipboard.

Menu Selection: Applications

This menu option allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description – Internal control number that identifies a claim

Format – Thirteen characters

Features – Carried from claim header or detail window ICN field

Field Name: Detail No

Description – Indicates detail number the EOB message is attached for.

Format – Two numeric characters

Features – Protected, display only

Field Name: EOB Code

Description – Code number attached to an EOB message.

Format – Four numeric characters

Features – Protected, display only

Field Name: EOB Description

Description – Message sent out to provider explaining an error condition or denial of a claim

Format – Sixty five characters

Features – Protected, display only

Field Name: Origin

Description – Indicates who generated the EOB code and message

Format – System or user

Features – Protected, display only

Field Name: Status

Description – Indicates the status of the EOB code

Format – Eight alphabetic characters

Features – None

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window W_CLAIM_EOBS

Menu – M_CLAIM_GENERIC_MAINT

Data Window – DW_CLAIM_EOBS

DW_CLAIM_ICN

System Features

Click **Exit** to exit the Claim EOB Codes window and return to the previous window.

The view by selection criteria at the top of the window allows the user to view claim EOBs. When the All selection is chosen all EOBs for the claim are displayed, when current is selected only the current EOBs are displayed. The Historical selection is not currently used.

Section 17: Claim Location Window

Introduction

This window shows the specific location code the claim set for. This window is not updateable. It is shared by all claim types.

Figure 17.1 – Claim Location Window

Claim Location	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit Indiana*AIM*	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 17.2 – Claim Location Window Menu Tree

This is an illustration of a menu tree for the Claim Location window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim Location window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM.*

Menu Selection: Applications

This menu section allows the following options:

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financia**l to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description – Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Field Name: Location

Description – Indicates claim location within the claims processing system.

Format – Two numeric characters

Features – Protected, display only

　　　　Valid Values:

00 - Validity edits

01 - Provider related edits

02 - Recipient related edits

03 - PA related edits

04 - Procedure code related edits

20 - History related audits (dup audits)

21 - Medical policy related edits and audits

22 - Medical Policy

23 - Manual Pricing

30 - SUR Provider

31 - SUR Recipient

40 - CCF

41 - Recycle

42 - Hold

43 - IFSSA

44 - CSHCS

45 - Converted Adjustments

46 - Converted 590 Adjustments

50 - Non-check related Adjustments

51 - Check Related Adjustments

54 - Mass Adjustments-Void txns

55 - Mass Adjustments-Retro Rate

56 - Mass Adjustments

57 - Adjustments reprocessed by EDS

58 - Open

59 - Open

66 - Claim denied

90 - Special processing

97 - Fiscal Pend

98 - Claim approved for payment

99 - Claim paid

Field Name: Location Date

Description – Date the claim went to this location

Format – Eight numeric characters in CCYYMMDD format

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_CLAIM_LOCATION

Menu – M_CLAIM_GENERIC_MAINT

Data Window – DW_CLAIM_LOCATION

System Features

Clicking **Exit** to close the window.

<div align="right">

Section 18: Related Claim
History Window

</div>

Introduction

The Related Claim History window lists other claims that are related to the current claim. The window is not updatable and is shared by all claim types. This window is used to validate medical policy audits, duplicate check audits, umbrella audits, limitation audits, bundling, and unbundling audits.

Figure 18.1 – Related Claim History Window

Related Claim History		
File	Edit	Applications
Print	Copy	Adhoc Reporting
Exit	Paste	Case Management
Audit	Cut	Claims
Exit Indiana*AIM*		Financial
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		Third Party Liability

Figure 18.2 – Related Claim History Window Menu Tree

This is an illustration of a menu tree for the Related Claim History window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Related Claim History window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM.*

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers text to another area

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description – Internal control number that identifies a claim

Format – Thirteen characters

Features – Protected, display only

Field Name: Detail Number

Description – Indicates the current detail line related to the history claim displayed.

Format – Two numeric characters

Features – Protected display only

Field Name: Related ICN

Description – ICN of the related claim

Format – Thirteen characters

Features – None

Field Name: Related Detail

Description – Indicates the history detail line related to the current detail line.

Format – Two numeric characters,

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_CLAIM_RELATED_HISTORY

Menu – M_CLAIM_GENERIC_INQUIRY

Data Window – DW_CLAIM_RELATED_HISTORY

System Features

Click **Exit** at the bottom of the window to exit the current window.

Section 19: CCF Cross Reference Window

Introduction

The CCF Cross Reference window displays the ICN of the claim correction form returned by the provider. The resolution specialist enters the ICN during data corrections.

Figure 19.1 – CCF Cross Reference Window

CCF Cross Reference		
File	Edit	Applications
Print	Copy	Adhoc Reporting
Exit	Paste	Case Management
Audit	Cut	Claims
Exit Indiana*AIM*		Financial
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		Third Party Liability

Figure 19.2 – CCF Cross Reference Window Menu Tree

This is an illustration of the menu tree for the CCF Cross Reference window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the CCF Cross Reference window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

Audit – Allows the user to view the system changes made to each individual window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM.*

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers copied text to another area.

Paste – Inserts text cut or copied from another area.

Cut – Removes text and places it on the clipboard.

Menu Selection: Applications

This menu selection allows the user to gain access to all the functional areas available in Indiana*AIM.*

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description – Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Field Name: CCF Number

Description – ICN of the claim correction form.

Format – Thirteen characters

Features – None

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_CLAIM_CCF_XREF

Menu – M_CLAIM_GENERIC_MAINT

Data Window – DW_CLAIM_CCF_XREF

System Features

The CCF number always has a region code of 12.

Section 20: Claim to Check Xref Window

Introduction

The Claim to Check Xref window allows the user to view the total amount paid from the current RA for a specific claim.

Figure 20.1 – Claim to Check Xref Window

Claim to Check Xref	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 20.2 – Claim to Check Xref

This is an illustration of the menu tree for the Claim to Check Xref window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim to Check Xref window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

 1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

 2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display.

Exit – Allows the user to the exit the window and return to a previous window.

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM.*

This menu selection allows the user to gain access to all the functional areas available in Indiana*AIM*.

Menu Selection: Application

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description – Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Field Name: Check Number

Description – This field displays the number of the check that the provider received.

Format – Nine numeric characters

Features – None

Field Name: Billing Provider

Description – Displays the billing provider ID who received the check.

Format – Nine numeric characters

Features – None

Field Name: Total Paid Amount

Description – Displays the check total amount that was issued to the provider.

Format –Eight numeric characters in 999,999.99 format

Features – None

Field Name: Issue Date

Description – Displays the date the check was issued.

Format – Eight numeric characters in CCYY/MM/DD format

Features – None

Field Name: Service Location

Description – Displays the billing provider service location.

Format – One alphabetic character

Features – None

Field Name: Check Status

Description – Displays the status of the check.

Format – One alpha character

Features – None

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_CLAIM_CHECK_XREF

Menu – M_CLAIM_GENERIC_INQUIRY

Data Window – DW_CLAIM_CHECK_XREF

System Features

None
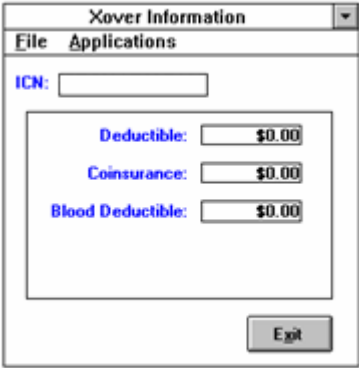
Section 21: UB-92 Xover Information Window

Introduction

The UB-92 Xover Information window displays the Crossover information applicable to claim types A and C. These amounts are generated to show what is paid on an Institutional Crossover claim or claim types A or C. The system calculates the total of the Deductible, Coinsurance, and Blood Deductible and deducts any TPL, Patient Deductible, or Patient Liability to identify the IHCP allowed amount.

Figure 21.1 – UB-92 Xover Information Window

Xover Information	
File	Applications
Print	Adhoc Reporting
Exit	Claims
Audit	Financial
Exit Indiana*AIM*	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 21.2 – Xover Information Window Menu Tree

This is an illustration of the menu tree for the Xover Information window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Xover Information window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display

Exit – Allows the user to the exit the window and return to a previous window

Audit – Allows the user to view the system changes made to each individual window

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*

Menu Selection: Applications

This menu options allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Field Information

Field Name: ICN

Description – Internal control number that identifies a claim.

Format – Thirteen characters

Features – Protected, display only

Edits – None

To correct – N/A

Field Name: Deductible

Description – Deductible dollar amount

Format – Eight numeric characters

Features – Protected, display only

Edits – None

To correct – N/A

Field Name: Coinsurance

Description – Coinsurance dollar amount

Format – Eight numeric characters

Features – Protected, display only

Edits – None

To correct – N/A

Field Name: Blood Deductible

Description – Blood deductible dollar amount. This amount is only displayed on paper claims. It is included in the deductible on tape crossovers.

Features – Protected, display only

Format – Nine numeric characters

Edits – None

To correct – N/A

Other Messages

None

System Information

PBL – CLAIM01.PBL

Window – W_CLAIM_XOVER

Menu – M_CLAIM_GENERIC_MAINT

Data Window – DW_UB-92_XOVER

System Features

Click Exit to exit the Xover Information window.

Section 22: Physician Coordination of Benefits Header Window

Introduction

The Physician Coordination Of Benefits Header window is accessed by clicking the COB button on a paid, suspended or denied Physician claim. The Physician Coordination of Benefits header window displays information sent electronically by the Provider. Coordination of Benefits detail information may be obtained by clicking the COB detail button. The header window contains the following information:

- Payer Information

- Subscriber Information

- Patient Information

- Referring Provider Information

- Other Payer Payment Adjustments

Figure 22.1 - Physician Coordination Of Benefits Header Window

COB Header		
File	Applications	Options
Print	Adhoc Reporting	COB Detail
Exit	Claims	
Audit	Financial	
Exit Indiana*AIM*	Managed Care	
	MARS	
	Prior Authorization	
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 22.2 – Physician COB header Window Menu Tree

This is an illustration of a menu tree for Physician COB Header window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Physician COB Header window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display

Exit – Allows the user to the exit the window and return to a previous window

Audit – Allows the user to view the system changes made to each individual window

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*

Menu Selection: Applications

This menu options allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Menu Selection: Options

This menu options allows the user to gain access to different functional from the menu bar..

COB Detail – Click **COB Detail** to access the Physician Coordination of Benefits Detail Window

Field Information

Field Name: ICN

Description – Internal Control Number that identifies a Claim

Format – Thirteen characters

Features – Protected, display only

Payer Information

Field Name: ID

Description – Payer ID

Format – Eighty characters

Features – Protected, display only

Field Name: Name

Description – Payer Name

Format – Thirty five characters

To correct – N/A

Field Name: Paid Amount

Description – Amount paid to payer

Format – Ten numeric characters

Features – Protected, display only

Field Name: Approved Amount

Description – Other payer approved amount

Format – Ten numeric characters

Features – Protected, display only

Field Name: Allowed Amount

Description – Amount allowed to the provider

Format – Ten numeric characters

Features – Protected, display only

Field Name: Adjudication Date

Description – Adjudication date information sent at the detail level of the 837 transaction

Format – Eight numeric characters (ccyymmdd)

Features – Protected, display only

Field Name: Covered Amount

Description – Other payer covered amount

Format – Ten numeric characters

Features – Protected, display only

Field Name: Prior Auth No

Description – Prior authorization number

Format – Thirty characters

Features – Protected, display only

Field Name: ICN/DCN

Description – Internal control number that identifies a claim

Format – Thirteen characters

Features – Protected, display only

Field Name: Reference No.

Description – Provider Reference ID

Format – Thirty characters

Features – Protected, display only

Field Name: Related Causes

Description – Additional causes relating to the claim

Format – Fifty characters

Features – Protected, display only

Subscriber Information

Field Name: Primary ID

Description – Insured primary identifier

Format – Ten numeric characters

Features – *Protected, display only*

Field Name: Name (First)

Description – First name of subscriber

Format – Twenty five characters

Features – Protected, display only

Field Name: Name (Middle)

Description – Middle name of subscriber

Format – Twenty five characters

Features – Protected, display only

Field Name: Name (Last)

Description – Name (last name) of subscriber

Format – Thirty five characters

Features – Protected, display only

Field Name: Name (Suffix) Of Subscriber

Description – Name suffix

Format – Ten characters

Features – Protected, display only

Field Name: Address

Description – Subscriber address street or apt number

Format – Fifty five characters

Features – Protected, display only

Field Name: Address

Description – Subscriber address street or apt number continuation

Format – Fifty five characters

Features – Protected, display only

Field Name: Birth Date

Description – Subscriber date of birth

Format – Eight numeric characters (CCYY/MM/DD)

Features – Protected, display only

Field Name: Relation Code

Description – Individual relationship code

Format – Two characters

Features – *Protected, display only*

Field Name: City

Description – Subscriber name of city

Format – Thirty characters

Features – Protected, display only

Field Name: State

Description – Subscriber name of state

Format – Two characters

Features – Protected, display only

Field Name: Zip

Description – Subscriber ZIP code

Format – Fifteen characters

Features – Protected, display only

Field Name: Country Code

Description – Three character code for country

Format – Three characters

Features – Protected, display only

Field Name: Claim Filing

Description – Claim Filing Code

Format – Two characters

Features – Protected, display only

Field Name: SSN

Description – Subscriber social security number

Format – Thirty characters

Features – Protected, display only

Field Name: Gender

Description – Gender identification

Format – Radio button

Features – Protected, display only

Field Name: Reference Ins No:

Description – Subscriber group policy number

Format – Thirty characters

Features – Protected, display only

Field Name: Group Ins name:

Description – Payer name

Format – Thirty five characters

Features – Protected, display only

Field Name: Policy No.

Description – Subscriber policy number

Format – Thirty characters

Features – Protected, display only

Patient Information

Field Name: SSN

Description – Patient social security number

Format – Thirty characters

Features – Protected, display only

Field Name: Policy No

Description – Patient policy number

Format – Thirty characters

Features – Protected, display only

Field Name: Primary ID

Description – Patient's primary insurance ID

Format – Eighty characters

Features – Protected, display only

Referring Provider Info

Field Name: Name

Description – Referring provider name

Format – Thirty characters

Features – Protected, display only

Field Name: ID No:

Description – Provider ID for referring provider

Format – Thirty characters

Features – Protected, display only

Field Name: Number Type

Description – Blue Shield, Medicare provider, Medicaid provider, employer's ID, or other

Format – Radio button

Features – Protected, display only

Other Payer Payment Adjustments

Field Name: Group

Description – Other payer adjustment group code

Format – Thirty characters

Features – Protected, display only

Field Name: Reason Description

Description – Other payer adjustment reason description

Format – Seventy nine characters

Features – Protected, display only

Field Name: Amount

Description – Other payer adjustment amount paid

Format – Ten characters

Features – Protected, display only

Field Name: Quantity

Description – Other payer number of units paid

Format – Ten characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM02.PBL

Window – W_COB

Menu – M_BASE_Inquiry

Data Window – dw_cob_phys_hdr

Data Window – dw_cob_UB-92_hdr

Data Window – dw_cob_dent_hdr

Data Window – dw_cob_rel_causes

Data Window – dw_cob_ref_prov

Data Window – dw_cob_other_payer_adj

System Features

Click COB Detail to access the COB detail window.

Click Exit to exit the Physician Coordination or Benefits Header window.

Section 23: Institutional Coordination of Benefits Header Window

Introduction

The UB-92 Coordination Of Benefits Header window is accessed by clicking the COB button on a Paid, Suspended or Denied UB-92 claim. The UB-92 Coordination of Benefits header window displays information sent electronically by the Provider. Coordination of Benefits detail information may be obtained by clicking the COB detail button. The header window contains the following information:

- Payer Information

- Subscriber Information

- Patient Information

- Other Payer Payment Adjustments

Figure 23.1 – Institutional Coordination Of Benefits Header Window

UB-92 Coordination Of Benefits Header		
File	**Applications**	**Options**
Print	Adhoc Reporting	COB Details
Exit	Claims	
Audit	Financial	
Exit Indiana*AIM*	Managed Care	
	MARS	
	Prior Authorization	
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 23.2 – Institutional COB header Window Menu Tree

This is an illustration of a menu tree for Institutional COB Header window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Institutional COB Header window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display

Exit – Allows the user to the exit the window and return to a previous window

Audit – Allows the user to view the system changes made to each individual window

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*

Menu Selection: Applications

This menu options allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Menu Selection: Options

This menu options allows the user to gain access to different functions from the menu bar.

COB Detail – Click **COB Detail** to access the UB-92 Coordination of Benefits windows

Field Information

Field Name: ICN

Description – Internal control Number that identifies a claim

Format – Thirteen characters

Features – Protected, display only

Payer Information

Field Name: ID

Description – Payer ID

Format – Eighty characters

Features – Protected, display only

Field Name: Name

Description – Payer name

Format – Thirty five characters

Features – Protected, display only

Field Name: Payer Paid Amount

Description – Amount paid to payer

Format – Ten characters

Features – Protected, display only

Field Name: Address

Description – Payer address

Format – Thirty five characters

Features – Protected, display only

Field Name: Allowed Amount

Description – Amount allowed to the provider

Format – Thirteen characters

Features – Protected, display only

Field Name: Address2

Description – Payer address continued

Format – Thirty five characters

Features – Protected, display only

Field Name: Denied Total Amount

Description – Other payer denied amount

Features – Protected, display only

Format – Ten characters

Field Name: City

Description – Payer city

Format – Thirty five characters

Features – Protected, display only

Field Name: State

Description – Payer state

Format – Two characters

Features – Protected, display only

Field Name: Zip

Description – Payer ZIP code

Format – Five characters

Features – Protected, display only

Field Name: Ctry

Description – Payer country

Format – Three characters

Features – Protected, display only

Field Name: ICN/DCN

Description – Internal control number that identifies a claim

Format – Thirteen characters

Features – Protected, display only

Field Name: Adjudication Date

Description – Adjudication date information sent at the detail level of the 837 transaction

Format – Eight numeric characters (ccyymmdd)

Features – Protected, display only

Field Name: Reference No.

Description – Provider reference ID

Format – Thirty characters

Features – Protected, display only

Field Name: Prior Auth No

Description – Prior authorization number

Format – Thirty characters

Features – Protected, display only

Subscriber Information

Field Name: Primary ID

Description – Insured primary identifier

Format – Ten characters

Features – Protected, display only

Field Name: Name (First)

Description – First name of subscriber

Format – Twenty five characters

Features – Protected, display only

Field Name: Name (Middle)

Description – Middle initial of subscriber

Format – One character

Features – Protected, display only

Field Name: Name (Last)

Description – Name (last name) of subscriber

Format – Thirty five characters

Features – Protected, display only

Field Name: Name (Suffix) of Subscriber

Description – Name suffix

Format – Ten characters

Features – Protected, display only

Field Name: Address

Description – Subscriber address

Format – Fifty five characters

Features – Protected, display only

Field Name: Relation Code

Description – Individual relationship code

Format – Two characters

Features – Protected, display only

Field Name: Address

Description – Subscriber address continued

Format – Fifty five characters

Features – Protected, display only

Field Name: Birth Date

Description – Subscriber date of birth

Format – Eight numeric characters (CCYY/MM/DD)

Features – Protected, display only

Field Name: City

Description – Subscriber name of city

Format – Thirty characters

Features – Protected, display only

Field Name: State

Description – Subscriber name of state

Format – Two characters

Features – Protected, display only

Field Name: Zip

Description – Subscriber ZIP code

Format – Five characters

Features – Protected, display only

Field Name: Country Code

Description – Subscriber country code

Format – Three characters

Features – Protected, display only

Field Name: SSN

Description – Subscriber social security number

Format – Nine characters

Features – Protected, display only

Field Name: Claim Filing

Description – Claim filing code

Format – Two characters

Features – Protected, display only

Field Name: Gender

Description – Gender identification

Format – Radio button

Features – Protected, display only

Field Name: Reference Ins No

Description – Subscriber group policy number

Format – Thirty characters

Features – Protected, display only

Field Name: Group Ins Name

Description – Payer name

Format – Thirty five characters

Features – Protected, display only

Field Name: Policy No.

Description – Subscriber policy number

Format – Thirty characters

Features – Protected, display only

Patient Information

Field Name: SSN

Description – Patient social security number

Format – Thirty characters

Features – Protected, display only

Field Name: Policy Number

Description – Patient policy number

Format – Thirty characters

Features – Protected, display only

Field Name: Primary ID

Description – Patient's primary insurance ID

Format – Eighty characters

Features – Protected, display only

Format – Eighty characters

Field Name: Group

Description – Other payer adjustment group code

Format – Thirty characters

Features – Protected, display only

Field Name: Reason Description

Description – Other payer adjustment reason description

Format – Seventy nine characters

Features – Protected, display only

Field Name: Amount

Description – Other payer adjustment amount paid

Format – Ten characters

Features – Protected, display only

Field Name: Quantity

Description – Other payer number of units paid

Format – Ten characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM02.PBL

Window – W_COB

Menu – M_BASE_Inquiry

Data Window – dw_cob_phys_hdr

Data Window – dw_cob_UB-92_hdr

Data Window – dw_cob_dent_hdr

Data Window – dw_cob_rel_causes

Data Window – dw_cob_other_payer_adj

System Features

Click COB Detail to further access the COB Detail window.

Click Exit to exit the UB-92 Coordination of Benefits Header window.

Section 24: Dental Coordination of Benefits Header Window

Introduction

The Dental Coordination Of Benefits Header window is accessed by clicking the COB button on a Paid, Suspended or Denied Dental claim. The Dental Coordination of Benefits header window displays information sent electronically by the Provider. Coordination of Benefits detail information may be obtained by clicking the COB detail button. The header window contains the following information:

- Payer Information

- Subscriber Information

- Patient Information

- Other Payer Payment Adjustments

Figure 24.1 – Dental Coordination Of Benefits Header Window

COB Header		
File	Applications	Options
Print	Adhoc Reporting	COB Detail
Exit	Claims	
Audit	Financial	
Exit Indiana*AIM*	Managed Care	
	MARS	
	Prior Authorization	
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 24.2 – Dental COB header Window Menu Tree

This is an illustration of a menu tree for Dental COB Header window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Dental COB Header window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and, a drop-down box is displayed. Click the command or option.

2. Press the Alt button and the underscored letter of the command or window option. A drop-down box is displayed. Select the underscored letter of the command or option to open the window.

Menu Selection: File

This menu selection allows the following options:

Print – Allows the user to print a data window, current window, or the entire screen display

Exit – Allows the user to the exit the window and return to a previous window

Audit – Allows the user to view the system changes made to each individual window

*Exit Indiana*AIM – Allows the user to exit Indiana*AIM*

Menu Selection: Applications

This menu options allows the user to gain access to all the functional areas available in Indiana*AIM*.

Adhoc Reporting – Click **Adhoc Reporting** to access the Adhoc Reporting windows

Claims – Click **Claims** to access the Claims windows

Financial – Click **Financial** to access the Financial windows

Managed Care – Click **Managed Care** to access the Managed Care windows

MARS – Click **MARS** to access MARS windows

Prior Authorization – Click **Prior Authorization** to access the Prior Authorization windows

Provider – Click **Provider** to access the Provider windows

Recipient – Click **Recipient** to access the Recipient windows

Reference – Click **Reference** to access the Reference windows

Security – Click **Security** to access the Security windows

SURS – Click **SURS** to access the SURS windows

Third Party Liability – Click **Third Party Liability** to access the Third Party Liability windows

Menu Selection: Options

This menu options allows the user to gain access to different functions from the menu bar.

COB Detail – Click **COB Detail** to access the Dental Coordination of Benefits Detail window

Field Information

Field Name: ICN

Description – Internal Control Number that identifies a claim

Format – Thirteen characters

Features – Protected, display only

Payer Information

Field Name: ID

Description – Payer ID

Format – Eighty characters

Features – Protected, display only

Field Name: Name

Description – Payer name

Format – Thirty five characters

Features – Protected, display only

Field Name: Payer Paid Amount

Description – Amount paid to payer

Format – Ten characters

Features – Protected, display only

Field Name: Approved Amount

Description – Other payer approved amount

Format – Ten characters

Features – Protected, display only

Field Name: Allowed Amount

Description – Amount allowed to the provider

Features – Protected, display only

Field Name: Covered Amount

Description – Other payer covered amount

Format – Ten characters

Features – Protected, display only

Field Name: Patient paid Amount

Description – Amount paid by patient

Format – Ten characters

Features – Protected, display only

Field Name: Related Causes

Description – Additional causes relating to the claim

Format – Fifty characters

Features – Protected, display only

Subscriber Information

Field Name: Primary ID

Description – Insured primary identifier

Format – Ten characters

Features – Protected, display only

Field Name: Name (First)

Description – First name of subscriber

Format – Twenty five characters

Features – Protected, display only

Field Name: Name (Middle)

Description – Middle name of subscriber

Format – Twenty five characters

Features – Protected, display only

Field Name: Name (Last)

Description – Name (last name) of subscriber

Format – Thirty five characters

Features – Protected, display only

Field Name: Name (Suffix) Of Subscriber

Description – Name suffix

Format – Ten characters

Features – Protected, display only

Field Name: Relation Code

Description – Individual Relationship Code

Format – Two characters

Features – Protected, display only

Field Name: Address

Description – Subscriber address

Format – Fifty five characters

Features – Protected, display only

Field Name: Address

Description – Subscriber address continued

Format – Fifty five characters

Features – Protected, display only

Format – Fifty five characters

Field Name: Birth Date

Description – Subscriber date of birth

Format – Eight numeric characters (CCYY/MM/DD)

Features – Protected, display only

Field Name: Claim Filing

Description – Claim Filing Code

Format – Two characters

Features – Protected, display only

Field Name: City

Description – Subscriber name of city

Format – Thirty characters

Features – Protected, display only

Field Name: State

Description – Subscriber name of state

Format – Two characters

Features – Protected, display only

Field Name: Zip

Description – Subscriber ZIP code

Format – Fifteen characters

Features – Protected, display only

Field Name: Country Code

Description – Subscriber country code

Format – Three characters

Features – Protected, display only

Field Name: SSN

Description – Subscriber social security number

Format – Thirty characters

Features – Protected, display only

Field Name: Gender

Description – Gender identification

Format – Radio button

Features – Protected, display only

Field Name: Reference Ins No

Description – Subscriber group policy number

Format – Thirty characters

Features – Protected, display only

Field Name: Group Ins Name

Description – Insurance group name

Format – Thirty five characters

Features – Protected, display only

Field Name: Policy No.

Description – Subscriber policy number

Format – Thirty characters

Features – Protected, display only

Patient Information

Field Name: SSN

Description – Patient social security number

Format – Thirty characters

Features – Protected, display only

Field Name: Policy Number

Description – Patient policy number

Format – Thirty characters

Features – Protected, display only

Field Name: Primary ID

Description – Patient's primary insurance ID

Format – Eighty characters

Features – Protected, display only

Other Payer Payment Adjustments

Field Name: Group

Description – Other payer adjustment group code

Format – Thirty characters

Features – Protected, display only

Field Name: Reason Description

Description – Other payer adjustment reason description

Format – Seventy nine characters

Features – Protected, display only

Field Name: Amount

Description – Other payer adjustment amount paid

Format – Ten characters

Features – Protected, display only

Field Name: Quantity

Description – Other payer number of units paid

Format – Ten characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM02.PBL

Window – W_COB

Menu – M_BASE_Inquiry

Data Window – dw_cob_phys_hdr

Data Window – dw_cob_UB-92_hdr

Data Window – dw_cob_dent_hdr

Data Window – dw_cob_other_payer_adj

System Features

Click COB Detail to further access the COB detail window.

Click Exit to exit the Dental Coordination of Benefits Header window.

<div align="right">

Section 25: Physician Coordination of Benefits Detail Window

</div>

Introduction

The Physician Coordination of Benefits Detail window displays information for professional type of claims. Fig 25.1 shows a heading for professional claim.

Adjustment information is tied to payer information. Scrolling payer information will also refresh the adjustment information.

Figure 25.1 Physician Coordination Of Benefits Detail window

Field Information

Field Name: ICN

Description – Internal Control Number that identifies a claim

Format – Thirteen characters

Features – Protected, display only

Field Name: Detail No

Description – Claim detail number

Format – Three characters

Features – Protected, display only

Payer Information

Field Name: ID

Description – Payer ID

Format – Eighty characters

Features – Protected, display only

Field Name: Name

Description – Payer name

Format – Eighty characters

Features – Protected, display only

Field Name: Paid Amount

Description – Amount paid by payer

Format – Ten characters

Features – Protected, display only

Field Name: Payment date

Description – Date of payment by payer

Format – Eight numeric characters (CCMMYYDD)

Features – Protected, display only

Adjustment Information

Field Name: Group

Description – Other payer group code

Format – Thirty characters

Features – Protected, display only

Field Name: Reason Description

Description – Other payer reason description

Format – Seventy nine characters

Features – Protected, display only

Field Name: Amount

Description – Other payer amount paid

Format – Ten characters

Features – Protected, display only

Field Name: Quantity

Description – Other payer number of units paid

Format – Ten characters

Features – Protected, display only

Reference Information

Field Name: Payer ID

Description – Other payer ID

Format – Eighty characters

Features – Protected, display only

Field Name: Referral Number

Description – Other payer referral number

Format – Thirty characters

Features – Protected, display only

Field Name: PA Number

Description – Other payer prior authorization number

Format – Thirty characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM02.PBL

Window – W_COB_detail

Menu – M_BASE_Inquiry

Data Window – dw_cob_phys_dtl

Data Window – dw_cob_UB-92_dtl

Data Window – dw_cob_dent_dtl

Data Window – dw_cob_adj_dtl

Data Window – dw_cob_dtl_ref_info

System Features

Click Exit to exit the Physician Coordination of Benefit Detail window.

Scroll Bar: Right side for access to additional details associated with this claim.

Section 26: UB-92 Coordination of Benefits Detail Window

Introduction

The UB Coordination of Benefits Detail window displays information for Institutional type of claims. Fig 26.1 shows a heading for professional claim.

Adjustment information is tied to payer information. Scrolling payer information will also refresh the adjustment information.

Figure 26.1 UB-92 Coordination Of Benefits Detail window

Field Information

Field Name: ICN

Description – Internal Control Number that identifies a claim

Format – Thirteen characters

Features – Protected, display only

Field Name: Detail No

Description – Claim detail number

Format – Three characters

Features – Protected, display only

Payer Information

Field Name: ID

Description – Payer ID

Format – Eighty characters

Features – Protected, display only

Field Name: Name

Description – Payer name

Format – Eighty characters

Features – Protected, display only

Field Name: Paid Amount

Description – Amount paid by payer

Format – Ten characters

Features – Protected, display only

Field Name: Payment date

Description – Date of payment by payer

Format – Eight numeric characters (CCMMYYDD)

Features – Protected, display only

Adjustment Information

Field Name: Group

Description – Other payer group code

Format – Thirty characters

Features – Protected, display only

Field Name: Reason Description

Description – Other payer reason description

Format – Seventy nine characters

Features – Protected, display only

Field Name: Amount

Description – Other payer amount paid

Format – Ten characters

Features – Protected, display only

Field Name: Quantity

Description – Other payer number of units paid

Format – Ten characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM02.PBL

Window – W_COB_detail

Menu – M_BASE_Inquiry

Data Window – dw_cob_phys_dtl

Data Window – dw_cob_UB-92_dtl

Data Window – dw_cob_dent_dtl

Data Window – dw_cob_adj_dtl

Data Window – dw_cob_dtl_ref_info

System Features

Click Exit to exit the UB-92 Coordination of Benefit Detail window.

Scroll Bar: Right side for access to additional details associated with this claim.

Section 27: Dental
Coordination of
Benefits Detail
Window

Introduction

The Dental Coordination of Benefits Detail window displays information for Dental type of claims. Fig 27.1 shows a heading for professional claim.

Adjustment information is tied to payer information. Scrolling payer information will also refresh the adjustment information.

Figure 27.1 Dental Coordination Of Benefits Detail window

Field Information

Field Name: ICN

Description – Internal Control Number that identifies a claim

Format – Thirteen characters

Features – Protected, display only

Field Name: Detail No

Description – Claim detail number

Format – Three characters

Features – Protected, display only

Payer Information

Field Name: ID

Description – Payer ID

Format – Eighty characters

Features – Protected, display only

Field Name: Name

Description – Payer name

Format – Eighty characters

Features – Protected, display only

Field Name: Paid Amount

Description – Amount paid by payer

Format – Ten characters

Features – Protected, display only

Field Name: Payment date

Description – Date of payment by payer

Format – Eight numeric characters (CCMMYYDD)

Features – Protected, display only

Adjustment Information

Field Name: Group

Description – Other payer group code

Format – Thirty characters

Features – Protected, display only

Field Name: Reason Description

Description – Other payer reason description

Format – Seventy nine characters

Features – Protected, display only

Field Name: Amount

Description – Other payer amount paid

Format – Ten characters

Features – Protected, display only

Field Name: Quantity

Description – Other payer number of units paid

Format – Ten characters

Features – Protected, display only

Other Messages

None

System Information

PBL – CLAIM02.PBL

Window – W_COB_detail

Menu – M_BASE_Inquiry

Data Window – dw_cob_phys_dtl

Data Window – dw_cob_UB-92_dtl

Data Window – dw_cob_dent_dtl

Data Window – dw_cob_adj_dtl

Data Window – dw_cob_dtl_ref_info

System Features

Click Exit to exit the UB-92 Coordination of Benefit Detail window.

Scroll Bar: Right side for access to additional details associated with this claim.

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